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THE EIGHTY-SIXTH

ANNUAL REPORT

UPON THE

HEALTH OF LEICESTER

FOR THE YEAR 1934

BY

C. KILLICK MILLARD, M.D., D.Sc.

MEDICAL OFFICER OF HEALTH.

APPENDICES

INCLUDING

- I. REPORT of the TUBERCULOSIS OFFICER.
- II. REPORT on the ISOLATION HOSPITAL AND SANATORIUM.
- III. REPORT on the CITY GENERAL HOSPITAL.
- IV. REPORT of the MATERNITY and CHILD WELFARE MEDICAL OFFICER.
- V. REPORT of the CITY ANALYST.
- VI. REPORT of the CHIEF SANITARY INSPECTOR.
- VII. REPORTS of the V.D. MEDICAL OFFICERS.
- VIII. STATISTICAL TABLES.

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Staff of the Health Department

(*As constituted January*, 1935.)

Medical Officer of Health.

C. KILLICK MILLARD, M.D., D.Sc.

Assistant Medical Officers.

Tuberculosis Officer and Assistant M.O.H.	WYVILLE S. THOMSON, M.D., D.P.H.
Assist. Tuberculosis Officer	E. G. LAWRIE, M.B.
Medical Supt. City General Hospital	E. C. HADLEY, M.D. (LOND.), F.R.C.S.
Deputy Medical Superintendent	A. M. MACQUEEN, M.D.
Resident Medical Officers	C. H. DEVIN, M.R.C.S., J. WEBSTER, M.B., D.P.H.
Consulting Physicians	J. V. C. BRAITHWAITE, M.R.C.P., M.D. R. M. CAIRNS, M.D.
Visiting Radiologist	D. F. LAWSON, D.M.R.E., M.A., M.R.C.S., B.Ch.
Visiting Anaesthetists	D. JUSTIN DAVIES, M.B., M.R.C.S. MRS. PHILIP MASON, M.R.C.S.,
Medical Supt. Isolation Hospital and Sanatorium	J. C. H. MACKENZIE, M.B., D.P.H
Senior Resident Medical Officer & Pathologist	E. M. WARD, M.B. (LOND.), M.R.C.S.
Resident Medical Officers	I. B. LAWRENCE, M.R.C.S., D.P.H., B.Sc. P. M. CROWE, L.R.C.P. and S.I.
Maternity and Child Welfare Officer	E. B. B. HUMPHREYS, M.B.
Orthopaedic Surgeon	LESLIE MORRIS, M.D., F.R.C.S.
Medical Officer, Westcotes Maternity Home	T. W. ALLEN, B.A., M.B., B.A.O.
Medical Officer, Female Venereal Disease Clinics	B. W. SYMINGTON, M.D. (LOND.).
Asst. Med. Off. ,, ,, ,, ,,	MRS. M. H. NEWTON-DAVIS, M.B. (LOND.)
Medical Officer, Male Venereal Disease Clinics	C. H. WILKIE, M.B., B.Sc.
Asst. Med. Off. ,, ,, ,, ,,	H. N. C. ATKINSON, M.R.C.S.
Public Vaccinators	A. J. L. SPEECHLY, M.R.C.S. J. W. FORDHAM, M.R.C.S.

Secretary of Health Department.

WILFRID CARR, F.C.C.S.

Matrons.

City General Hospital	MISS N. N. CLAYE.
Isolation Hospital and Sanatorium	,, B. NESBITT.
Maternity Home	,, EDITH BRADSHAW.
Day Nursery	,, ALICE M. MASON.

Clerical Staff.

Chief Clerk, Sanitary Office	T. P. POYNOR.

General Clerks—

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E. SLINGSBY.
G. H. SEAL.
MISS D. R. POTTERTON.
,, K. M. TUSTAIN.
,, F. A. ILIFFE.
MISS E. GALLIARD.
,, V. DAWN.
,, E. E. BATTLE.

Tuberculosis Dispensary	MISS J. HEATON. ,, R. BREWARD.
Isolation Hospital and Sanatorium	MISS V. ALLSOP. ,, M. F. HALE.
City General Hospital—	
Steward	E. H. BALL.
Asst. Steward	S. WHATSIZE.
Clerks	L. HEATHERLEY. MISS J. THOMPSON. K. M. HAYLOCK. J. GUILLAIN.
Milk Depot	MRS. BREWIN. MISS A. JESSON.
Vaccination Officer	J. H. LOCKWOOD

Public Analyst's Department.

Public Analyst .. .. F. C. BULLOCK, B.Sc., F.I.C.
Laboratory Assistants .. .. J. L. PINDER, B.Sc. (LOND.).
C. HYDE.

Sanitary Inspectors.

Chief Inspector .. .. F. G. McHUGH, 1 3 4 5

Inspectors—

R. T. BLAYLOCK, 1 3 4 7
H. CLOUGH, 1 3
M. C. CRIPPS, 1 3
H. ELKINGTON, 3 5
R. V. FIDDES, 1 3
W. J. GETGOOD, 1 3 4
T. HINES, 1 3
W. C. LONG, 1 3
F. W. MURRAY, 7 8
W. MUSTON, 1 3
J. W. NORTH, 1 3
E. OWEN, 2 3
W. J. PARKINSON, 1 3 6
A. T. PRICE, 1 3
E. THOMPSON, 1 3
G. H. WATMOUGH, 1 3
W. E. WEIR, 1 3
A. WELTON, 1 3
J. WRIGHT, 2 3
J. YATES, 1 3

Health Visitors.

Superintendent .. .. MRS. REED, 9 10

District Health Visitors—

MISS M. ASH, 9 11 12 13
" H. S. BEATTIE, 9 12
" L. CHAMBERS. 9 11 13
" M. CONLON, 9 11 12 13
" E. M. CRAGG, 9 10 11 13
" H. HIRD, 9 12
" A. KAVANAGH, 9 11 12 13
" B. M. LANGTON, 9 11 12 13
MISS D. L. MALLISON, 9 11 12 13
" J. G. MASTERS, 9 10
" E. R. MATTHEWS, 9 11 13
" S. H. G. PAYNE, 9 11 12
" H. E. RICH, 9 11 12 13
" L. WALKER, 9
" E. WILFORD, 9 11 13
" E. L. WOLLASTON, 9 11 13

Manageress of Milk Depot .. .. MRS. E. STANION, 10

Tuberculosis Nurses .. .. MISS F. BEASLEY, 9 11 13
" E. MOUND, 9 11 13
" C. NEILL, 11

1. Holds Sanitary Inspector's Certif. Roy. San. Inst.
2. Holds Royal Sanitary Institute and Sanitary Inspectors Exam. Joint Board Certificate.
3. Holds Meat and Food Inspector's Certif. Roy. San. Inst.
4. Holds Certif. of Roy. San. Inst. for San. Science as applied to Buildings and Public Works.
5. Holds Sanitary Inspector's Certif. under Public Health (London) Act, 1891.
6. Holds Sanitary Inspector's Certif. San. Inspector's Assocn.
7. Holds Certif. of Royal San. Assocn. of Scotland for Meat Inspection.
8. Holds Certif. of Royal San. Assocn. of Scotland for Sanitary Science.
9. Holds Certif. of the Central Midwives' Board.
10. Holds Health Visitors' Certif. of the Roy. San. Inst.
11. Holds Certif. as fully Trained Nurse.
12. Holds new Health Visitors' Certificate.
13. Holds State Registered Nursing Certificate.

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SUMMARY OF STATISTICS

FOR THE YEAR 1934.

CITY OF LEICESTER.

Population at Census, 1931	239,169
,, (estimated) at Mid-year 1934	241,100
Marriages	2,288
Marriage-rate	18.98
Births (corrected)	3,417
Birth-rate	14.17
Deaths (corrected for transferable deaths)	2,831
Death-rate	11.74
(Standardised death-rate=11.85)	
Deaths under One Year	180
Infant Mortality (per 1,000 Births)	52.7
Maternal Mortality (per 1,000 live births, gross)	4.53
Zymotic-rate (per 1,000 population)	0.43
Respiratory-rate ,, ,,	1.75
Cancer-rate ,, ,,	1.56
Tuberculosis-rate ,, ,,	1.00
Phthisis-rate ,, ,,	0.92
Correction Factor (R.G)	1.01

Area of City (in acres)	8,582
,, ,, ,, (since extension, April, 1935)	16,979
Number of persons per acre at Census, 1931	27.9
Number of persons per "structurally separate dwelling" at Census, 1931	3.80
Number of Inhabited Tenements, January, 1935	66,620
Number of Empty Houses, January, 1935	575
Number of Empty Cottages, January, 1935	219
Rateable value (1934-1935)	£1,704,344
General Rate for the year, 1934-1935	12s. 8d. in the £
Produce of 1d. Rate (for 1933-1934) net	£6,494

	England & Wales	121 Great Towns (Population exceeding 50,000) including London	London
Birth-rate	14.8	14.7	13.2
Death-rate	11.8	11.8	11.9
Infant Mortality (per 1,000 Births	59.0	63.0	67.0

(Registrar General's Figures.)

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HEALTH DEPARTMENT,
GREY FRIARS,
LEICESTER.

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6 AUG 1935

14*th June*, 1935.

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I beg to present to you the Annual Report on the Health of Leicester for the year 1934. This is the thirty-fourth of these reports which I have had the honour of presenting, the first being that for the year 1901.

The official population of the City for 1934 was 241,100, but in future, now that the City has been extended, the population will exceed the quarter million mark.

The birth-rate for the year was 14.17, being a slight increase on the previous year which was the lowest on record.

The death-rate was 11.74, a satisfactory figure. Only on three previous occasions has it fallen below 12.0.

The infant mortality was 52.7, this being the lowest figure hitherto recorded. The previous lowest was 55.7 in 1930. The average rate for the whole country last year was also low, probably because meteorological conditions were favourable.

The zymotic death-rate was only 0.4, being less than half the figure for the previous year.

As regards tuberculosis, it is satisfactory to be able to record a substantial drop in the mortality from this disease, and as tuberculosis mortality in Leicester has always been above the average, it is sincerely to be hoped that the decrease will be maintained.

Progress has been made with Slum Clearance, and during the year the clearance of the Redcross Street Area has been completed and work upon the Wyggeston Ward Areas has been begun. Further areas have been represented in this Ward and also in St. Margaret's Ward. The work will be proceeded with as fast as new houses can be provided.

Overcrowding, though not the big problem it is in some places, is still serious and is aggravated by the shortage of houses to let at rents within reach of the poor. As has frequently been urged in these reports, overcrowding, where it exists, constitutes one of the worst features of the slum problem. The passing of the Housing Bill now before Parliament should greatly facilitate the relief of overcrowding. The question of "vermin" in houses has continued to engage the attention of the Health Department. The trouble is far more widespread than is usually realised, and is by no means confined to old or "slum" houses.

Leicester is still without its public abattoir, and the objectionable and out-of-date practice of slaughtering in old-fashioned private slaughter houses, situated in congested neighbourhoods of the City, continues. Both the Health Committee and the Markets Committee are most anxious to end the present conditions, but the difficulties have been great and exceptional circumstances have intervened. There is, however, a good prospect that the abattoir scheme will soon materialise.

Most of the work carried on by the Health Committee has now been departmentalised, and separate reports, written by the chief officer of each sub-department, are printed as appendices to this report, and they will well repay careful study. They indicate the vast range of work to-day controlled by the Health Committee of a large and progressive industrial city. The final appendix, No. VIII, comprises the bulk of the statistical matter of the report, useful for purposes of reference and record.

Expansion of Health Activities during past years.

As I am on the eve of retiring from my position of Medical Officer of Health, under the City's Superannuation Scheme, this is the last of this series of reports which it will be my privilege to present. It is, therefore, permissible perhaps to refer to the expansion in the health services of the City which has taken place during the 34 years I have held office.

When I was first appointed, I was not only Medical Officer of Health, but Medical Superintendent of the Isolation Hospital, with one Resident Medical Officer under me. I also held the position of Public Analyst. There were eight sanitary inspectors and one health visitor. No part-time medical officers were employed.

Since then, the work of the Health Committee has increased in almost every direction. Fresh legislative enactments, throwing new duties and new responsibilities upon local sanitary authorities, have come into force with almost bewildering frequency. The town, moreover, has grown in size, the population increasing from 212,000 in 1901 to 241,000 in 1934, and now, in 1935—with the extension of the City—to over the quarter million mark. But the importance and prestige of the town has increased even more rapidly than mere population, the "Borough" has become the "City", and the Public expects, and receives, more attention than was formerly possible.

All this has entailed a great increase in the staff necessary to carry out the work of the department.

To-day, the Health Committee employs 12 whole-time medical officers in addition to the Medical Officer of Health (including tuberculosis officers, M. and C. W. medical officer, pathologist and the staffs at the various hospitals), and some 20 part-time medical officers (specialists and general practitioners). The eight sanitary inspectors have increased to 21, and the one health visitor to 20. There is a whole-time Public Analyst with two whole-time assistants ; and the Committee also pays for the service (part-time) of veterinary officers and dental surgeons.

In addition to the Isolation Hospital, which has been greatly extended and now includes the Sanatorium, the Committee controls the City General Hospital, the Municipal Maternity Home, the Day Nursery, the Infants' Milk Depot and the Convalescent Sanatorium at Holt.

The period has, indeed, been one of remarkable expansion and progress, shared, of course, to a large extent by the whole country, but facilitated in Leicester by a progressive Committee and Council, and by the fact that the City has been comparatively very prosperous and therefore the better able to shoulder the increased expenditure which this great expansion in social service has inevitably entailed.

Whilst Leicester has had her full share of expansion as regards her health services, she has also had her share of improvement as regards her vital statistics.

The following figures speak for themselves :

	General Death-rate.	*Infant Mortality.*	*Tuberculosis Mortality per* 100,000.
1901	15.7	178	165
1934	11.7	52	100

I do not wish to suggest that the reduction indicated above is the direct outcome of the expansion of services and staff, but it is justifiable in referring to the one to refer also to the other.

In concluding this, my "swan song," I wish most sincerely to thank the Health Committee, its indefatigable Chairman (Alderman W. E. Hincks), the Chairmen of Sub-Committees, and, indeed, the whole City Council for the goodwill, courtesy, and consideration they have manifested towards me during the years we have been associated. Whilst very conscious of my many shortcomings and of the fact that I might have accomplished so very much more than I have done, I shall take with me into my retirement happy memories of the many years during which I have had the honour of being Medical Officer of Health for the good City of Leicester.

I must also acknowledge my indebtedness to the Staff under me, by whom most of the actual work is necessarily done. The personnel is far too numerous to mention names, but most of them are set out on pages V and VI of this Report. One name, however, I must just refer to specially, and that is Mr. Wilfrid Carr, the Secretary of the Department. To him far more than to myself is due any credit for the smooth and efficient working of the Department. Knowing Mr. Carr's work as I do, I feel I must say that in him the City has a quite exceptional Officer whose value it would be very hard to over-estimate.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. Killick Millard

Medical Officer of Health.

Medical Officer of Health's Report

FOR THE YEAR 1934

PART I.

Statistical

(Statistics for past years will be found in Tables 9 and 10.)

Population.

The population of the City, estimated by the Registrar-General at the middle of 1934, was 241,100, or 400 less than at the middle of the previous year. This is the population figure used for the statistics for 1934 in this report.

For some years the population of Leicester has ceased to increase, the explanation being that the City has been almost entirely built up, and most of the new houses erected have been in the outer fringe of the City beyond the old City boundaries.

Extension of City.

With the extension of the City, however, this outer fringe has, as from the 1st April, 1935, become part of Leicester, and henceforward the increase of population there taking place will—as, of course, it should—belong to the City of Leicester.

It is of interest to consider just what the population of Leicester really was on the 1st April, 1935, after the extension had taken place.

The Census figure (1931) for the old City was ..	239,169
,, ,, ,, for that part of the County now added to the City was	20,244
Census population for Extended City	259,413

We know that the population of the City before the extension was estimated as stated above (as at mid-year 1934) to be 241,100, an increase over the Census figure of 1931, but unfortunately we have no official estimate of the increase in population of the added portion. As explained above, the majority of the building which has been going on is taking place in the outer ring which has now become part of the City, so that it is quite obvious that the population of 20,244 in 1931 must have grown very substantially in the four years which have elapsed since the Census. Moreover, the birth-rate in this outer ring is almost certainly much higher than the death-rate—as is usually the case in newly built-up areas—owing to the large proportion of young married couples and the comparatively small number of old people. It would certainly be very interesting, and, indeed, valuable, if a Census could be taken of the population in the new territory. If, in the meantime, we add the 1931 Census population of the new territory, viz., 20,244, to the estimated population of the old City (241,100) we arrive at a figure for the population of Greater Leicester of 261,344. But, for the reasons stated, the true population is certainly greater than this, possibly by some thousands.

The last extension of the Borough of Leicester—as it then was—occurred in 1891, forty-four years ago. That extension increased the area of the Borough from 3,030 acres to 8,582 acres, an increase of over 5,000 acres. The population was increased from 142,069 to 174,699 (estimated) an increase of 32,630.

The new extension has increased the area of the City from 8,582 acres to 16,979 acres, an increase of 8,397 acres, or nearly double what it was.

Marriages.

The number of marriages solemnised in Leicester during the year 1934 was :—

In Church of England	1,181
Elsewhere	1,107
Total	2,288

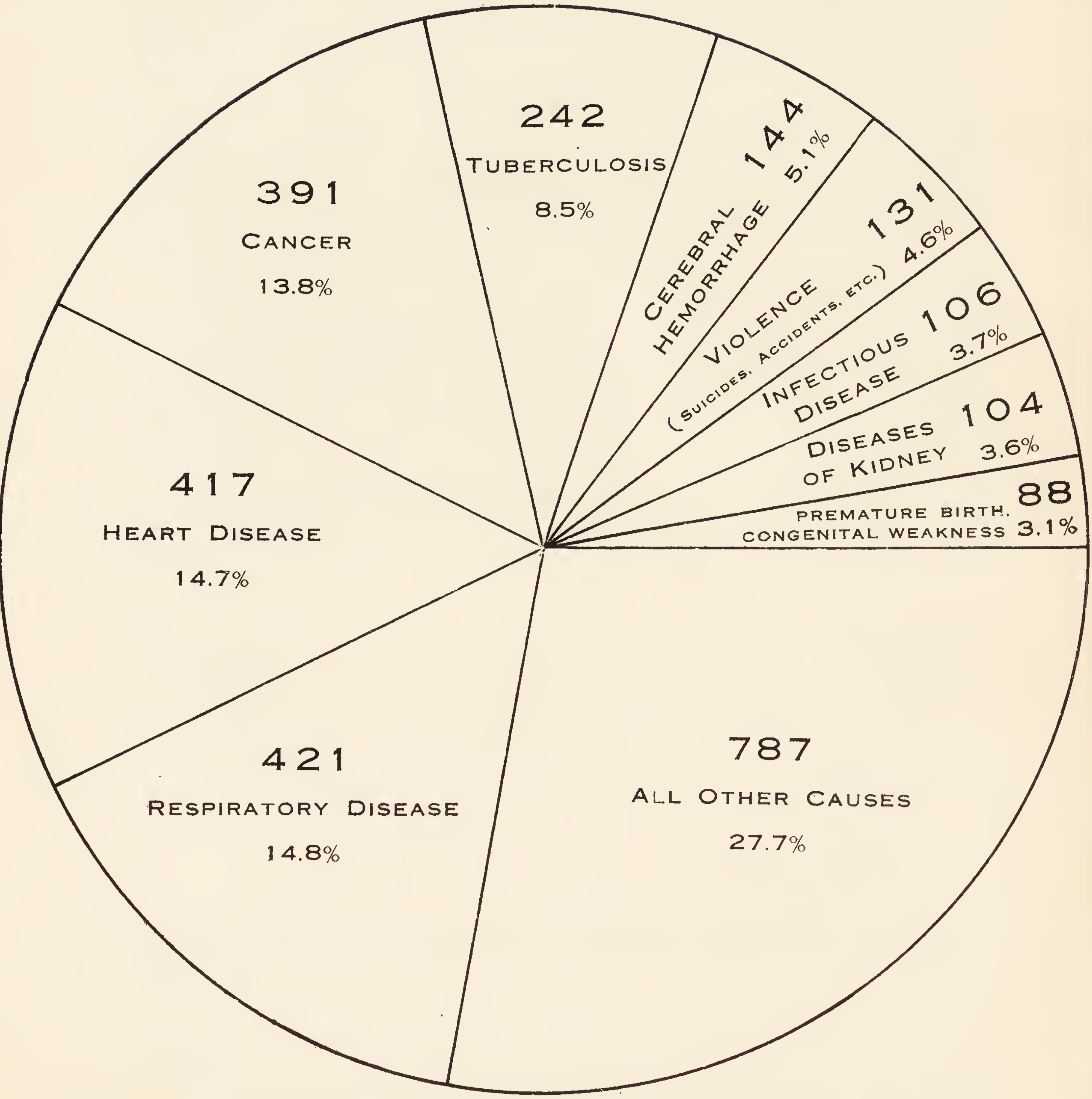
The Marriage-rate was 18.98, a slight increase on the figure for 1933.

Births.

The corrected number of births for the year was 3,417 (M. 1,744, F. 1,673) compared with 3,242 in the previous year, an increase of 175.

GRAPH I

SHOWING PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1934



The Birth-rate was 14.17 as compared with 13.42. The birth-rate, therefore, shows a slight increase over the previous year, but with that exception it was the lowest on record.

Still-births.

The number of still-births notified was 113, 85 of these being by midwives and 28 by doctors. The number of still-born children interred at the City Cemeteries was 164, so that 51 still-births apparently escaped notification.

On the basis of the number of interments, the still-births amounted to 4.8 per cent. of the children born alive.

Illegitimacy.

The corrected number of illegitimate births was 178, equal to 5.2 per cent. of the total births. This is about the average figure.

Deaths.

The number of deaths of persons properly belonging to Leicester (i.e., the number of registered deaths corrected by additions and subtractions in the usual way) was 2,831, of which 1,450 were males, and 1,381 were females.

The **Death-rate** per 1,000 population was 11.74. This may be regarded as a satisfactory figure. Only on three previous occasions has the death-rate fallen below 12 per 1,000. The average for the previous five years was 12.6.

Causes of Death.

Table 30, at the end of the report, shows the deaths classified according to certain specified causes, and to age and sex. Graph I shows certain of the more important causes of death, arranged as proportionate parts of a disc. One sees at a glance what a very large proportion of deaths is caused by respiratory diseases (mainly bronchitis and pneumonia), heart disease, cancer, tuberculosis and cerebral haemorrhage. These between them accounted, during 1934, for more than half the total deaths. A word of caution is necessary as regards deaths ascribed to "heart disease." By no means all the deaths ascribed to this need be regarded as due to any definite lesion of the heart. Thus, "myocarditis" or "heart failure" is sometimes given as one of the causes—possibly as *the* cause—of death, and in the absence of any more specific cause, the death would be classified amongst the "heart disease" deaths.

Zymotic Mortality.

The zymotic death-rate is based upon all the deaths shown in Table 8, excepting those from pneumonia which are included under deaths from respiratory disease. The rate for the year was only. 0.4, being less than half the figure for the previous year. There were only 26 deaths from influenza as against 159 ; only 12 deaths from measles as against 17 ; only six deaths from whooping cough compared with 13 ; and there were only two deaths from cerebro-spinal fever, and only one each from scarlet fever, enteric fever and encephalitis lethargica. Some of this credit is due to the efficient treatment given at the Isolation Hospital. Diphtheria, unfortunately, was more prevalent, and caused 20 deaths as against 11.

Infant Mortality.

The corrected number of deaths of infants under one year of age was 180. This is the smallest number ever recorded in any one year

The infant mortality, per 1,000 births, was 52.7, this being the lowest rate ever recorded.

The previous lowest rate was 55.7 for the year 1930.

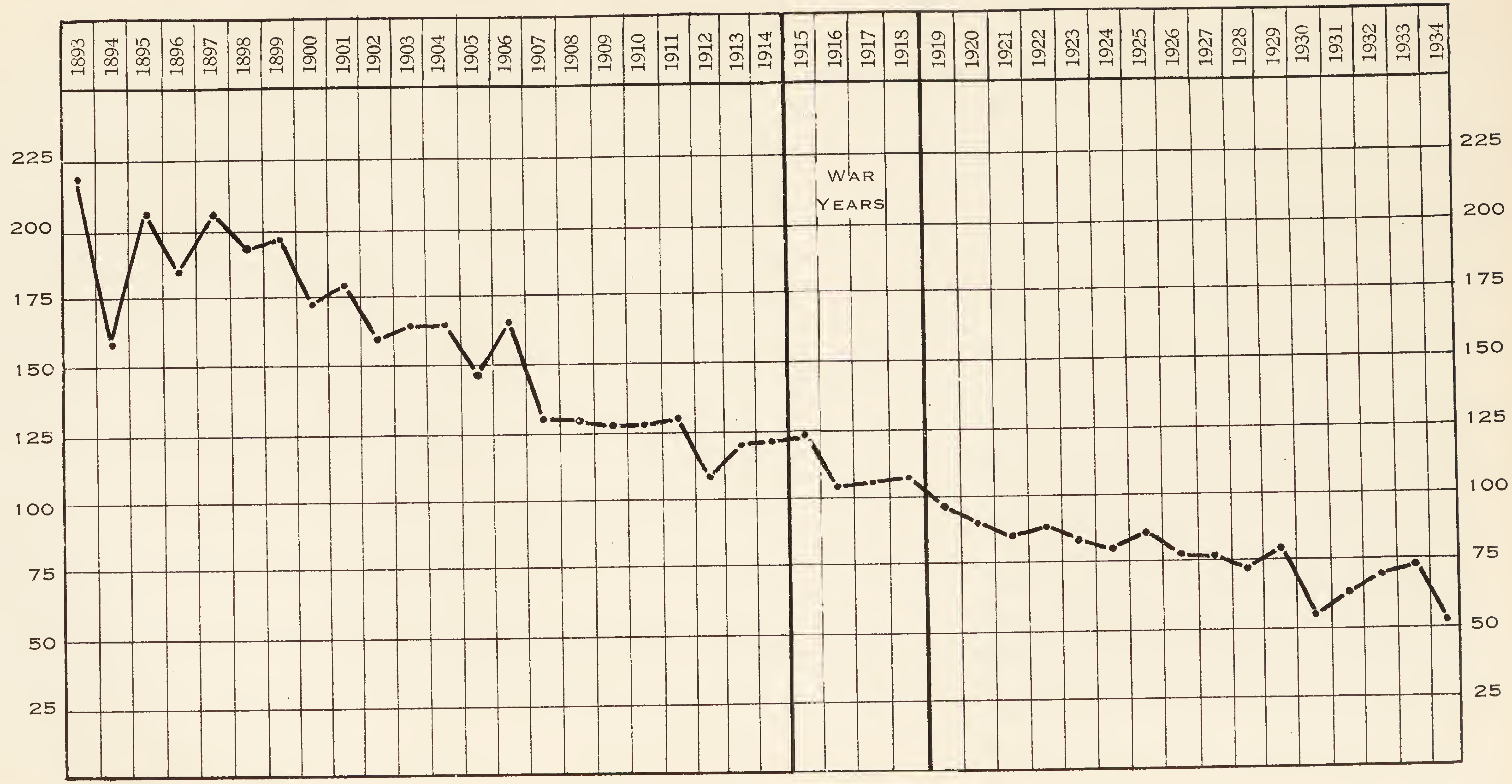
Such a record is, of course, very satisfactory. The rate for the whole country also showed a drop from 64 to 59, and for the 121 Great Towns, from 67 to 63. So that Leicester is well below the average. In London, strange to say, the rate went up from 59 to 67.

At one period in its history, Leicester was one of the worst towns as regards infant mortality. The records go back to as early a date as 1865. How greatly infant mortality has declined is shown in Graphs II and III, based on figures given in Table 10. This Graph shows the infant death-rate year by year over a period of 60 years, and it will be noticed that during the first half of the period there were sharp fluctuations from year to year, due, no doubt, principally, to the severity of the annual epidemic of infant diarrhoea, now happily a thing of the past. In the latter part of the Graph the fluctuations have largely disappeared.

Perhaps a better idea of the progress of the improvement which has occurred is obtained from Graph IV which shows infant mortality

GRAPH II

INFANT MORTALITY, ANNUAL RATES IN LEICESTER, 1893–1934

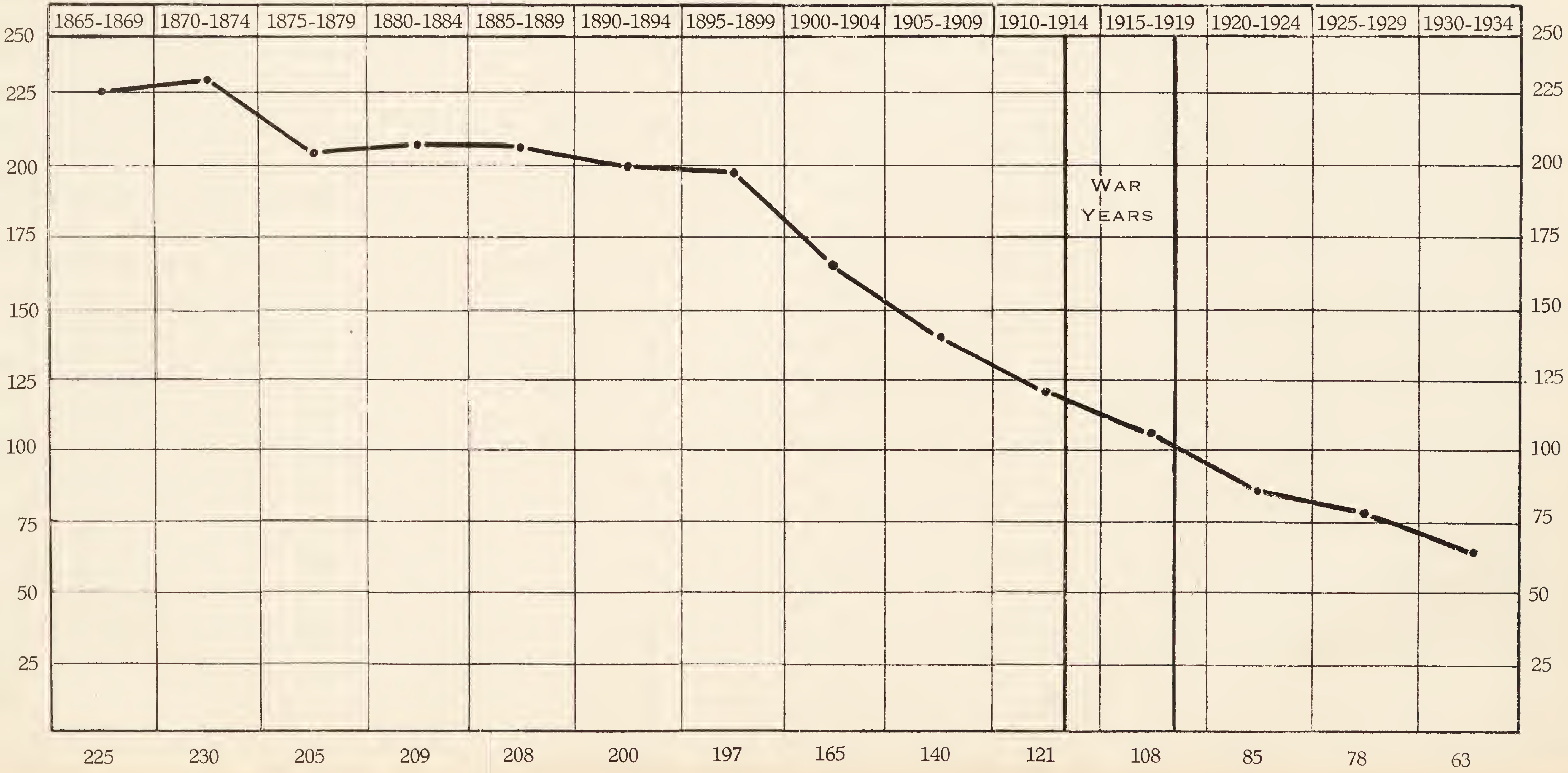


FOR ACTUAL FIGURES SEE TABLE 10

Graph III

Infant Mortality, Quinquennial Averages, 1865–1934

Per 1000 Births



expressed as five-yearly averages. This tends to flatten out the curve by obliterating annual fluctuations. It shows very clearly that up to the middle of the whole period, viz., the end of last century, the fall had been comparatively slight, but from the beginning of the present century the fall has been rapid, steady and continuous.

One would like to take credit for this fall (which happens to coincide with the period the present writer has been Medical Officer of Health for the City) and to attribute it to the great efforts which have been made in connection with child welfare work. But, unfortunately, this campaign was not seriously undertaken until the latter part of 1914 (when the Government agreed to give 50 per cent. of the expenditure, and when the Great War gave a great stimulus to the work.) Yet it is quite obvious from the Graph that the decline definitely set in long before 1914. Moreover, we have to recognise the fact that a similar decline has prevailed throughout the country, quite irrespective of local effort. It has also taken place in other civilised countries. So that we have to look for a much more widespread underlying cause. Various suggestions have been made. One is that the fall in the birth-rate, which has been world-wide, has had something to do with it by leading to a greater appreciation of the value of child life. Another is that the introduction of motor traction has been the cause. This is by no means so far-fetched as might be thought at first sight. As motor vehicles have increased, horses have decreased, with a consequent decrease of horse manure in the neighbourhood of dwellings. Horse manure is a very favourite breeding ground for house flies, and house flies have long been regarded as an important factor in the spread of infant diarrhoea. Certainly, the decrease in infant mortality, at any rate in Leicester, coincides with the development of motor traction.

Probably, however, the true explanation is not quite so simple as this, but what it is we do not really know.

MATERNAL MORTALITY.

This subject is also dealt with in the report of the Maternity and Child Welfare Medical Officer (see Appendix IV). During the year there were 17 maternal deaths, or the same figure as in the previous year. Of these, eight deaths were ascribed to puerperal sepsis.

Maternal mortality in Leicester, together with the corresponding figure for England and Wales, in 1934 and previous years, is shown as follows :—

Maternal Mortality

(per 1,000 live births).

	LEICESTER		ENGLAND AND WALES	
	Total Maternal Mortality	Puerperal Sepsis	Total Maternal Mortality	Puerperal Sepsis
1929 ..	4.17	1.20	4.16	1.73
1930 ..	4.79	1.90	4.22	1.84
1931 ..	3.79	1.26	3.95	1.59
1932 ..	5.19	1.04	4.04	1.55
1933 ..	4.83	1.69	4.32	1.75
Average	4.55	1.42	4.14	1.69
1934 ..	4.53	2.13	4.60	2.03

It will be observed that although the total maternal mortality figure for Leicester for the year under review was practically the same as the average for the previous five years, the puerperal sepsis rate showed an increase. In dealing with small actual numbers (there were eight deaths) annual fluctuations in a rate are not of great significance, but it will be observed that the corresponding figure for England and Wales also showed an increase.

The fact that maternal mortality has not shown any material reduction throughout the country in recent years—indeed, it tends to increase and last year the figure for England and Wales was higher than the average for the previous five years—in spite of all the efforts which have been made to reduce it, has necessarily given rise to considerable concern amongst those responsible for the nation's health. Divergent views are held as to the cause or causes of this persistence of maternal mortality. One view is that defective care before and during childbirth is a chief cause, and an argument supporting this view is that in the domiciliary services attached to certain voluntary lying-in hospitals a maternal mortality rate well below that for the community as a whole are obtained. If the cases were strictly comparable this argument would be almost conclusive. But it is rather hard to reconcile the view that increasing maternal mortality is due to lack of skill and inefficiency with the substantial improvement which has taken place in the training and practice of midwives, who attend the majority of the births. Again, there has been a great increase in recent years in the number of confinements taking place in maternity hospitals and lying-in institutions, where, presumably, greater care is exercised than when births have to take place in the crowded homes of the poor. As a matter of fact, expert opinion is coming round to the view that not much advantage is really gained—so far as a reduction in maternal mortality is concerned—by institutional, as opposed to domiciliary, confinements for normal cases, though the comfort and convenience of maternity homes is beyond doubt.

One argument used which seems to suggest that not much reduction is to be looked for merely by increasing the proportion of confinements in institutions is that in the United States, where the great majority of confinements take place in institutions, maternal mortality is higher that in this country, and is said to be increasing.

This view is endorsed in the Report of the Joint Council of Midwifery (under the Chairmanship of the Earl of Athlone), where it is expressly stated :—

> "This Committee concurs with the views expressed in the Reports that, although adequate hospital accommodation for ante-natal cases and for abnormal labours is essential, normal confinements, where conditions are suitable, can be satisfactorily and safely conducted in the patient's own home. It should be clearly understood that a reduction in maternal mortality will not be secured merely by increasing the hospital provision for normal cases."

An interesting and instructive experience is reported from Rochdale, a town where maternal mortality was, for many years, one of the highest in the country. The figure for the years 1929-1931 was no less than ten per 1,000. A study of the local circumstances made it appear likely that this abnormally high figure was to some extent due to too much interference with the natural course of labour. The support of the medical profession was enlisted, and the interest of the general public was aroused by what amounted to a campaign, and the sequel has been that maternal mortality quickly fell to the level of the country generally.

There can be no doubt that whilst undoubtedly many lives of women are saved by skilled intervention by the obstetrician in appropriate cases, it is also true that lives are sometimes sacrificed by meddlesome intervention which is not really necessary.

COMPARATIVE WARD STATISTICS.

Leicester is divided into 16 Municipal Wards which vary greatly in size and population, the smallest, St. Martin's, now largely given up to business and shopping purposes, has only a population of about 1,200, whilst Spinney Hill, the largest, has a population of over 30,000.

St. Martin's, indeed, is so small that annual rates are not really reliable. Thus, last year, as there were no infant deaths, the infant mortality was nil, as also was the zymotic-rate and phthisis-rate, though the general death-rate (22.2) was abnormal. It will be best, therefore, to exclude this ward from the comparison which would only be misleading. The next smallest ward is De Montfort which has a population of over 5,000, though even that figure is too small to give reliable rates. As has been pointed out in previous reports, to be really satisfactory the comparison should be based on the average of a period of years. For 1934, the wards with the highest and lowest rates were as follow :—

Death-rate.

Highest.		*Lowest.*	
Newton	16.7	Aylestone	9.1
Wyggeston	15.9	Knighton	9.2
Wycliffe	15.6	Spinney Hill	9.5

Birth-rate.

Highest.		*Lowest.*	
Wyggeston	21.2	Knighton	8.5
Newton	16.8	Spinney Hill	10.0
West Humberstone Belgrave	15.0	Wycliffe	12.0

Infant Mortality.

Highest.		*Lowest.*	
De Montfort	113	Knighton	10
Aylestone	79	Westcotes	28
The Castle	75	Spinney Hill St. Margaret's	36

Phthisis-rate.

Highest.		*Lowest.*	
Newton	2.06	Westcotes	0.46
St. Margaret's	1.85	Knighton	0.51
Wyggeston	1.40	Belgrave	0.55

There is an item in these statistics which calls for comment, viz., the infant mortality for De Montfort Ward, which, for 1934, was the quite abnormal figure of 113. That it is abnormal is proved by the fact that the average for the previous five years was only 69. This is an example of the danger of attaching too much importance to statistics based on comparatively small numbers or over a period of only one year De Montfort Ward has a population of less than 6,000 (it is the smallest ward but one), and there were only 71 births and there were eight infant deaths, four of which were due to "prematurity," and one to a rare condition ("spina bifida"). All these five deaths must be regarded as due to congenital or ante-natal conditions, and it is reasonable to regard it as a coincidence that there should have been so many in one year ; but for this the rate would have been normal.

Apart from this exceptional figure the ward rates for the year present much the usual features. Knighton Ward again comes out as the ward with the most favourable statistics. This ward comprises the better-class residential district of Stoneygate ; Clarendon Park, a superior artisan district, and the village of Knighton. With the adjoining ward of Spinney Hill, which also has very favourable statistics, it is situated in the highest part of the city, and owing to the prevailing winds (S.W.) these two wards, together with Aylestone and Westcotes (also with good statistics) escape the smoke from the city.

Detailed figures for each ward are given in Tables 1 and 2.

PART II.

Zymotic and other Specific Diseases or Causes of Death

SMALLPOX.

No case of smallpox occurred during the year.

As regards major smallpox, no serious outbreak has occurred in this country for many years, whilst as regards the minor variety, which has caused so much trouble to officials but otherwise is a comparatively trifling disease, this has at last been overcome, and during the last six months of the year only five cases were reported in the whole of England and Wales. At the time of writing (June) there has been no single case for seven months.

In past reports, much space has been devoted to reference to smallpox because of the important part played by Leicester in connection with the Vaccination Controversy. Leicester, which has virtually dispensed with infant vaccination, has constituted a "control experiment" as compared with the rest of the country.

I think it must be admitted that she has come through the test satisfactorily. During the 50 years (1885-1934) since compulsory infant vaccination was definitely abandoned in Leicester there have only been 53 deaths from smallpox, and in the last 30 years (1905-1934) there have been only two deaths. During the last 50 years the percentage of children vaccinated has been 8.5. During the last ten years, indeed, the percentage has dropped to 4.6.

As this is my last Annual Report, I will put on record once again that although I feel that the experience of Leicester strongly supports the view that infant vaccination is not now necessary for the protection of the community, it also strongly confirms the belief that recent vaccination, whether of infants or adults, confers protection on the individual which for practical purposes may be regarded as complete. Never once during the 34 years I have been Medical Officer of Health for Leicester has there been a single instance of vaccination (performed before exposure to infection by myself or staff) "letting us down." Not one single member of our hospital or sanitary staff engaged on smallpox work, who had been vaccinated by us, or with whose condition as to vaccination we were satisfied, has contracted the disease, even in the mildest form. Apart from vaccination, no precautions are inculcated on the smallpox staff as none have been found to be necessary.

Those who oppose vaccination on principle would be well advised to recognise that from this point of view the position of vaccination is really unassailable. They would be much wiser to concentrate on the contention that compulsory vaccination to-day is no longer necessary for the effective control of smallpox, and therefore that it can no longer be justified.

VACCINATION RETURN FOR 1934.

Vaccinations Registered :—		
Public	49	98
Private	49	
Exemption Certificates received		3,438
Certificates of Insusceptibility		2
Births registered (corrected number)		3,417

There were no prosecutions for default.

The proportion of vaccination, to births registered during each of the past five years was as follows :—

1930	4.8
1931	4.4
1932	3.3
1933	3.2
1934	2.9

The number of vaccinations performed in Leicester is the lowest ever recorded, as also is the proportion of vaccinations to births—only 2.9 per cent.

During the past 10 years, the proportion of vaccinations registered, public and private, to the number of births, has been only 4.6 per cent.

which, after allowing for children dying, leaves something over 90 per cent. of the children born unvaccinated.

THE QUESTION OF COMPULSORY VACCINATION.

At the risk of being wearisome I would like to make a final reference to this subject.

I came to Leicester a convinced orthodox pro-vaccinist, but after having had first-hand experience of the behaviour of smallpox in what was then and still is the most unvaccinated town in the country, I was forced to modify my views. I still retained my conviction, as strong as ever, in the efficiency of vaccination in protecting the *individual*, but I came to realise that the effect upon the *community* was much less certain.

I soon came to believe that the case for compulsory vaccination of infants was far less strong than I had supposed, and, indeed, that it could no longer be justified.

I realised, too, that whilst vaccination might be quite effective in protecting a small community like the staff of a smallpox hospital where it is possible to vaccinate, as often as necessary, 100 per cent. of the members, the effect might be very different where only a proportion of the members can be kept protected, as in the mixed population of a whole town or country. I came to believe that vaccination under such circumstances might quite possibly favour the spread of the disease—through partially protected "carriers"—and so increase the danger to that section of the community who were unprotected.

I embodied these views in a book, "The Vaccination Question in the Light of Modern Experience" (H. K. Lewis & Co., Ltd.) which happened to be published in August, 1914, an unfortunate time for any book to appear ! This book also dealt at some length with the history of vaccination and smallpox in Leicester. I venture to hope that it will always have at least an historical interest if only for this reason, because it is beyond question that the experience of an important city such as Leicester, which fifty years ago set the vaccination laws in defiance, and has had officially and professedly no real use for compulsory vaccination since then, has constituted a very valuable "control experiment" which it is impossible for anyone interested in the vaccination controversy to ignore, and which has had an effect, slow perhaps but sure, in influencing public opinion, not only in this country but to some extent throughout the world.

Certainly, to-day, expert opinion in the medical profession has largely come round to the view that it might perhaps, on the whole, be a good thing if compulsory vaccination—or so much compulsion as still remains—were abandoned, and a voluntary system substituted. Whilst as regards public opinion generally—including Members of both Houses of Parliament—there is little doubt that it would view with comparative equanimity, if not with enthusiasm, the repeal of compulsion. The rank and file of the people, indeed, would almost certainly welcome such a modification of the law with favour.

There is reason to believe that the Ministry of Health are not adverse to a modification of the law in the direction indicated, but when the Government will be able to afford time for what is almost certain to be a controversial measure is another matter.

"The Lancet," in the issue for the 30th June last year, published two editorial articles, purporting to give the case for and against the abolition of compulsory vaccination of infants.

In the article in favour of abolition the writer says :—

> "Practical experience in the control of epidemics and the dispassionate examination of the records of outbreaks of the disease . . . demonstrate that *infant* vaccination, no matter how thoroughly it may be done, merely shifts the age-incidence and reduces the total mortality among those who contract the disease ; it fails to afford protection against the spread of smallpox in a community. Indeed, it complicates the administrative control of the disease by increasing the proportion of abortive, and therefore undiagnosed, cases, since many of those who have lost complete immunity retain sufficient to modify the disease almost beyond recognition. The total incidence in a community of people vaccinated in infancy, but not revaccinated, may therefore be greater than among a completely unvaccinated population subject to the same vigorous epidemiological surveillance. Hypothetically, therefore, the total death-rate from the disease may be as high or higher, although the case-mortality is substantially reduced."

The article further says :—

> "It is reasonable to question the right of a community to enforce it (compulsory vaccination) upon parents, when the other risk against which it protects children—for a limited period of years—is so much less in total volume.

> "Undoubtedly, and naturally, compulsory vaccination when it was enforced created the attitude of antagonism to all forms of artificial immunisation which dies hard among the people."

And again :—

> "It is reasonable to maintain that the compulsory imposition of a procedure which involves some danger to health and even to life, however slight, is permissible only if it assures the protection of the community as a whole, and not merely the individual. Infant vaccination, without revaccination, affords no such herd protection."

I have no idea who the actual writer of the article from which the above quotations are taken was, but they express just the views which I have been preaching for so many years. It is, therefore, naturally gratifying, on the eve of my retirement, to find these views are at length beginning to be recognised if not yet generally accepted.

No doubt, it may be necessary to wait some time yet before it will be possible to get the law altered. It is sometimes much easier to get a law passed than to get it repealed, especially when the institution concerned has become firmly established and "dug in."

SCARLET FEVER.

Cases, 1,401. Deaths, 1.

Removed to Hospital, 987. Proportion removed, 70 per cent.

The prevalence of scarlet fever increased very much during the year under review, the number of cases notified each quarter being as follows :—

	Cases.
First quarter of 1934 ..	109
Second „ „ „ ..	142
Third „ „ „ ..	394
Fourth „ „ „ ..	756
First „ „ 1935 ..	432

It was only during the last quarter of 1934 that the pressure on the Isolation Hospital became acute. In the three months of October, November and December, there were more cases than for the whole of the first nine months, and it was necessary to utilise the Anstey Lane Hospital for scarlet fever. The situation was rendered more difficult owing to a coincident increase of diphtheria. Owing to this the number of cases of tuberculosis had to be temporarily curtailed.

At the time of writing (June) the prevalence of scarlet fever has fallen considerably.

Serum Treatment.

Serum treatment is still used for all cases admitted early enough, and particulars will be found in the Isolation Hospital Report, Appendix II. There was only one death out of the 1,401 notified. This is truly remarkable and is suggestive both of the mildness of the disease and also of the efficacy of the treatment.

DIPHTHERIA.

Cases, 463. Deaths, 20.

(Previous year : Cases, 338. Deaths, 11.)

Every patient but one was removed to hospital—practically 100 per cent.

Diphtheria was more prevalent during 1934 than for several years past, and it was also of a more severe type. The case-mortality was 4.3 per cent. as compared with 3.2 per cent. in the previous year. This is a favourable figure as compared with the experience of many towns or even compared with Leicester itself in the past. Thus, during the five years, 1922-1926, the average case-mortality was 9.2 per cent. It is true that the severity of diphtheria, like its attack-rate, varies greatly from year to year, but I certainly believe that the intensive serum treatment (very large doses given intravenously) carried out at our Isolation Hospital in recent years, since it was introduced by Dr. Stanley Banks (former Medical Superintendent), has contributed in no small degree to the low figures which we have since experienced.

There is no doubt also that both the medical profession and the public appreciate the value of the treatment at the hospital, and this accounts for the fact that practically all cases occurring in the city (100 per cent.) are now removed to hospital.

Also, speaking generally, the doctors realise the great importance of the treatment being begun as early as possible, and the great danger in even one day's delay.

Some towns have been experiencing an exceptionally severe strain of diphtheria, rapidly proving fatal, and it is believed that this is associated with a specially virulent strain of diphtheria bacillus which can be distinguished by bacteriological methods from the type of bacillus associated with milder forms of diphtheria. This severe strain has been named "gravis," and the mild strain "mitis," and it is believed that these different strains breed true, but this has not yet been quite definitely established.

Compared with the whole of England and Wales, Leicester's mortality from diphtheria during the past five years has been about the average.

INOCULATION AGAINST DIPHTHERIA.

In view of the very serious character of diphtheria and our comparative helplessness in the face of a really virulent outbreak, it is not surprising that certain local authorities have decided to start campaigns in favour of artificial immunisation of the child population.

Your Medical Officer of Health has presented a special report on the subject, which was subsequently published in "The Medical Officer."

The conclusions arrived at were :—

(1) Inoculation does confer a substantial degree of immunity upon the individual inoculated which usually persists for several years.

(2) There is a possibility that inoculation may increase the number of human diphtheria "carriers" in the community.

(3) That whilst the attack-rate and mortality from diphtheria may be reduced in the section of the community who are inoculated, it may actually, for a time, increase the amount of diphtheria amongst the section who remain uninoculated.

(4) That the net result would depend largely upon the proportion of the child population inoculated.

(5) That unless a substantial proportion of the child population both at school age and pre-school age, are inoculated, good results must not be expected.

(6) That there is very little satisfactory evidence forthcoming as yet, from this country, that mass inoculation has in fact effectively reduced diphtheria mortality.

(7) That unless there is a prospect of a large response from the public, an inoculation campaign is not likely to do much good, and may possibly actually do harm.

(8) That in Leicester, where there is a traditional prejudice against vaccination, which is akin to inoculation, there would be special difficulties in obtaining a satisfactory response from the public.

In view of these considerations it was recommended that a campaign in favour of mass inoculation against diphtheria be not undertaken at present, and that it would be better to wait till more definite evidence was available as to the results likely to be obtained.

It was agreed, however, if any parents came forward spontaneously asking that their children might be inoculated, that this should be done free of charge.

Although the above report and its conclusions and recommendations run counter to the present-day tendency—there being a definite wave of enthusiasm in favour of inoculation—your Medical Officer has received sufficient support and approval from other Medical Officers of Health to show that there are two sides to this question.

Local authorities thinking of embarking on an anti-diphtheria inoculation campaign should not do so too light-heartedly, and if a campaign be decided upon it should be a whole-hearted and intensive one, and an adequate sum set aside to meet the cost. Additional staff will certainly be required to deal with the work effectively.

ENTERIC (TYPHOID) FEVER.

Cases, 4. Deaths, 1.

Enteric fever, once such a dreaded scourge, has now become one of the rarest of the infectious diseases. As illustrating the change which has taken place it may be mentioned that when our Isolation Hospital was erected (in the year 1900) Block 5, the largest block, was allocated to enteric fever, and Block 6, the smallest, to diphtheria. Fortunately, we only once or twice required Block 5 for typhoid, and in recent years, we have often gone for many months without having a single case under treatment.

During the last ten years of last century (1891-1900), i.e., the period before the hospital was built, the number of cases notified annually averaged 216, whilst the deaths averaged 32 ; so that it was natural that a substantial number of beds should be allotted to the disease.

The Medical Officer of Health for Leicester (Dr. J. Priestley) in his Annual Report for 1893, devotes no less than ten pages to this disease, and he begins as follows :—

> "If typhoid (enteric) fever is an index of the sanitary condition of a town, then Leicester's statistics in regard to this disease are most disheartening . . . the number of typhoid cases notified during 1893 is almost double what it has ever been before, since the local Notification Act came into force. The deaths, too, are more numerous than in any previous year during the same period (1879-93). . . . It is generally admitted that typhoid is a filth disease. . . . There are at present in Leicester (roughly) 7,000 pail closets existing, and 12,000 ashpits, and I look forward to these being abolished and W.C.'s and dustbins substituted therefor in the near future, for until such transformation has taken place, Leicester should not rest satisfied."

He goes on to point out that there was a much heavier incidence of typhoid fever in the houses provided with pails, privies and ashpits than in the houses provided with W.C.'s and dustbins.

Shortly afterwards, the Leicester Corporation started on the work of converting all pail closets to W.C.'s, whilst dustbins, emptied once a week, were substituted for the insanitary ashpits.

Enteric fever soon began to decline, and, as stated at the beginning of this section, it is now one of the rarest of the infectious diseases.

Thus, during the past ten years, 1925-1934, the number of fresh cases has averaged only three per annum.

The virtual abolition of enteric fever, dependent as it is upon insanitary conditions in regard to food and water, is one of the triumphs of preventive medicine.

DIARRHOEA.

Diarrhoea, especially amongst infants, may be a terribly serious epidemic disease. Formerly, in Leicester, it took an annual toll of hundreds of babies annually.

In my first Annual Report for Leicester, written in the year 1902, I wrote as follows :—

> "**Epidemic Diarrhoea.** The disease is one for which the Borough has an unenviable reputation, Leicester being one of the

worst 'Diarrhoea' towns in the country. Amongst the 33 Great Towns, only two others suffer more severely. . . . It has been the subject of continued investigation and repeated reports."

In 1904, the incidence of the disease in the town was specially heavy, and I wrote a special report on the subject which covered 15 pages. In this report I pointed out that the disease took a much heavier toll amongst bottle-fed babies than amongst those that were breast-fed, and I said, "the conclusion seems forced upon us that the method of feeding is a most important factor. We may safely say that an infant fed entirely from the breast runs far less risk of dying from diarrhoea than one fed partly or entirely from the bottle."

Partly as an outcome of this report it was decided to institute a Municipal Infant Milk Depot for the benefit of those infants whose mothers were unable to suckle them.

During the first five years of this century, 1901-1905, the number of deaths attributed to diarrhoea averaged 200. During the past five years (1930-34) they have only numbered 30, and most of these were not from true epidemic diarrhoea.

MEASLES.

During the year twelve deaths were caused by this disease.

In my Annual Report for 1931, I drew attention to the satisfactory fact that measles mortality in Leicester had been declining for about 15 years. I am glad to say that another three years have since elapsed, and although there has been a slight increase as compared with the very low figures recorded in the previous five years there has been no return to the high figures which used to obtain.

Thus, in 1916, we had 140 deaths from measles, and 98 and 59 in the two following years. Since then, there were 48 deaths in 1922, and 43 in 1925. But in the nine years since then the deaths have only averaged 11. Never in the previous history of this disease in Leicester have we been able to record anything approaching such figures. It really looks as if measles in Leicester was losing its old virulence.

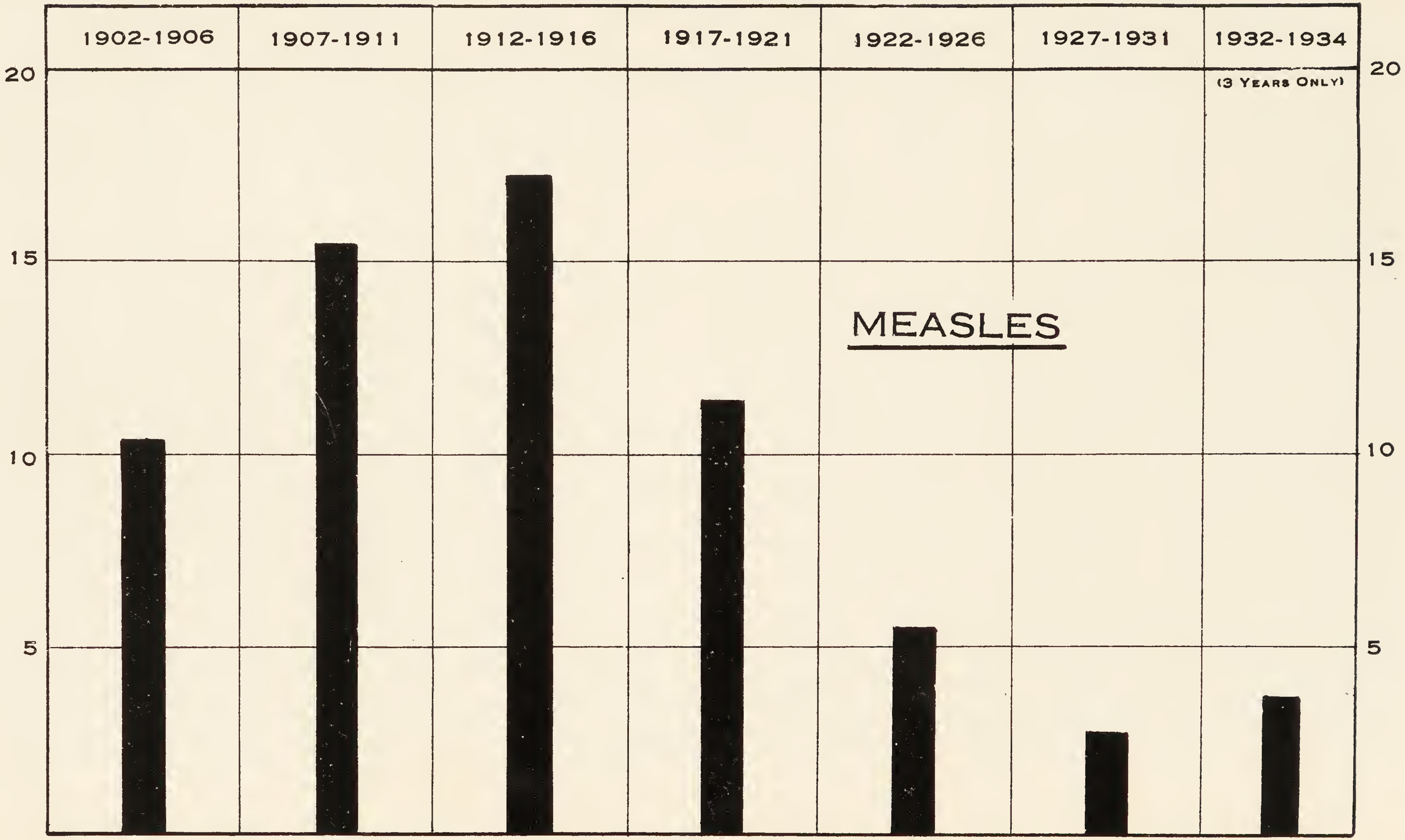
As to the cause of this satisfactory decline, it is probably attributable in part to the improvement which is taking place in the conditions of infant and child life generally. But the decrease is more marked in Leicester than in most parts of the country.

GRAPH IV

TO ILLUSTRATE PROGRESSIVE DECREASE IN MEASLES MORTALITY

DEATHS PER 1000 BIRTHS

QUINQUENNIAL AVERAGES



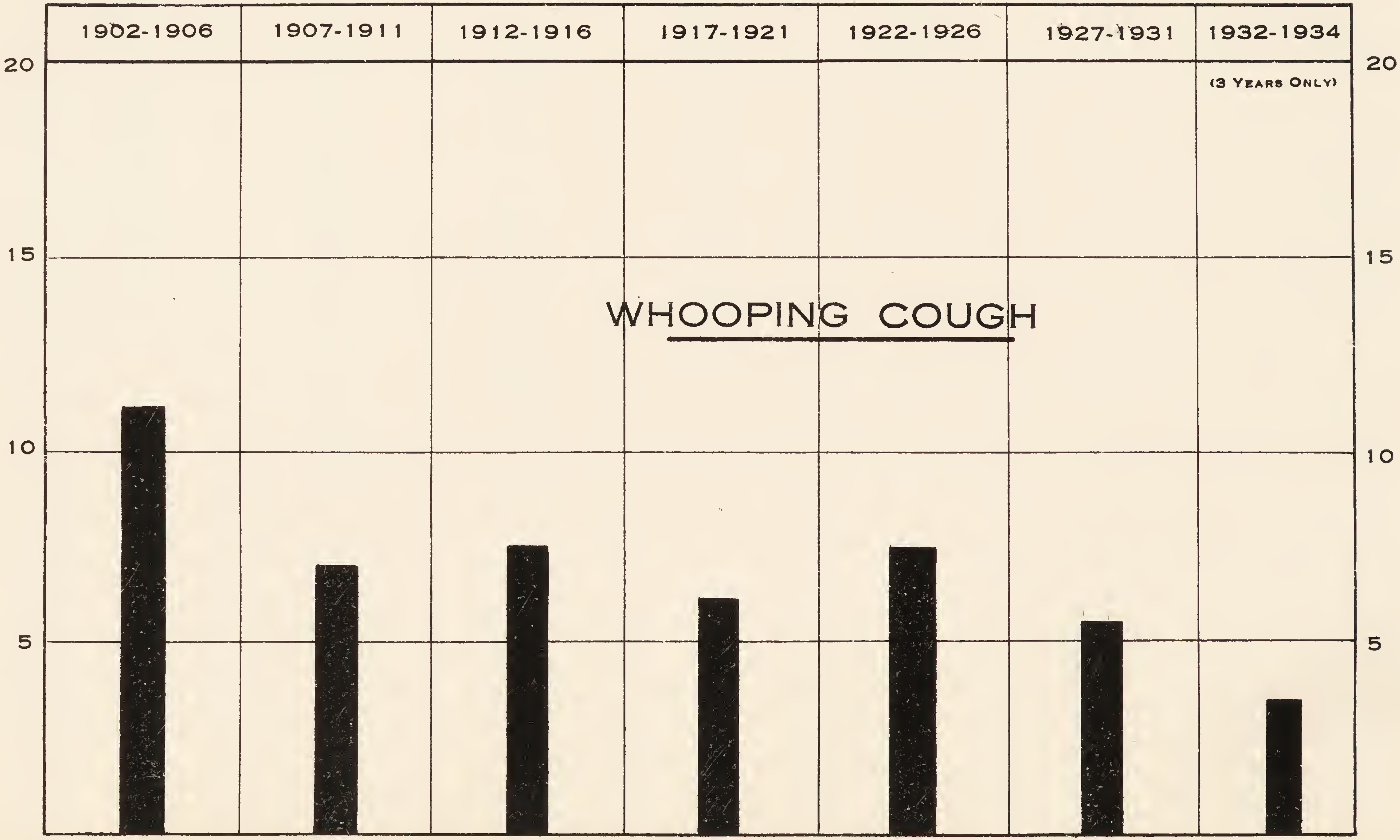
FOR ACTUAL FIGURES SEE TABLE 27

GRAPH V

TO ILLUSTRATE PROGRESSIVE DECREASE IN WHOOPING COUGH MORTALITY

DEATHS PER 1000 BIRTHS

QUINQUENNIAL AVERAGES



FOR ACTUAL FIGURES SEE TABLE 27

WHOOPING COUGH.

The number of deaths during the year was six. The decrease in the mortality from whooping cough has not been quite so striking as in the case of measles, but as will be seen from the graph, No. V, a definite reduction does seem to be taking place.

CEREBRO-SPINAL FEVER.

Five cases were reported, and there were two fatal cases. It is chiefly because this serious disease occasionally takes on an epidemic character that it finds a place amongst notifiable diseases. Fortunately, in Leicester, there has never been anything of the nature of an epidemic, but only sporadic cases, apparently unconnected with other cases.

ENCEPHALITIS LETHARGICA.

There were only two cases of this disease reported, one of which was fatal.

This disease also derives its importance from the fact that it may take on an epidemic character, and ten years ago, in 1924-25, some epidemic prevalence did occur, and 40 cases were reported in the two years. In the last five years, the number of cases has only averaged three a year.

PNEUMONIA.

Cases notified, 259. Deaths, 225.

The fact that the number of deaths certified as due to pneumonia was only 34 less than the number of cases notified is a fairly definite indication that many cases escape notification. This is not a matter of any great importance, and therefore no steps have been taken to press medical practitioners in the matter. Although pneumonia is a serious disease a great many cases do recover, certainly more than would be indicated by the figures given above. In this connection, however, it must be recognised that pneumonia is often the terminal illness in the lives of old or elderly people.

Classifying the notifications according to age we find as follows :—

Age	*Cases.*
0-4	59
5-14	39
15-24	28
25-49	68
50 and over ..	65

The form of pneumonia occurring in young children is chiefly that known as broncho-pneumonia. It is apt to be a fatal complication of measles and whooping-cough, but such deaths are usually attributed to the latter diseases, and not to pneumonia.

As regards sex, pneumonia in the adult form is much more common in males than in females.

CANCER—MALIGNANT DISEASE.

The deaths from all forms of cancer during 1934 numbered 391, of which 173 were in males, and 218 in females. This compares with 370 in the previous year. I regret to report that the figure for 1934 is the highest figure recorded for several years; indeed, with the exception of the year 1926, when the figure was 395, it is the highest figure ever recorded. Prior to 1926, the number of deaths from cancer had steadily been increasing for many years. Then, in that year, they jumped up from 318, the previous highest figure, to 395—a quite exceptional increase. After that they happily fell back, and for a few years it seemed as if the maximum had been reached.

In my last Annual Report I wrote :—

> "For the past seven years, whilst cancer deaths have remained high, they have not shown the same tendency to increase as was the case until the last few years. This is something to be thankful for."

Last year's high figure is, therefore, all the more disappointing and regrettable.

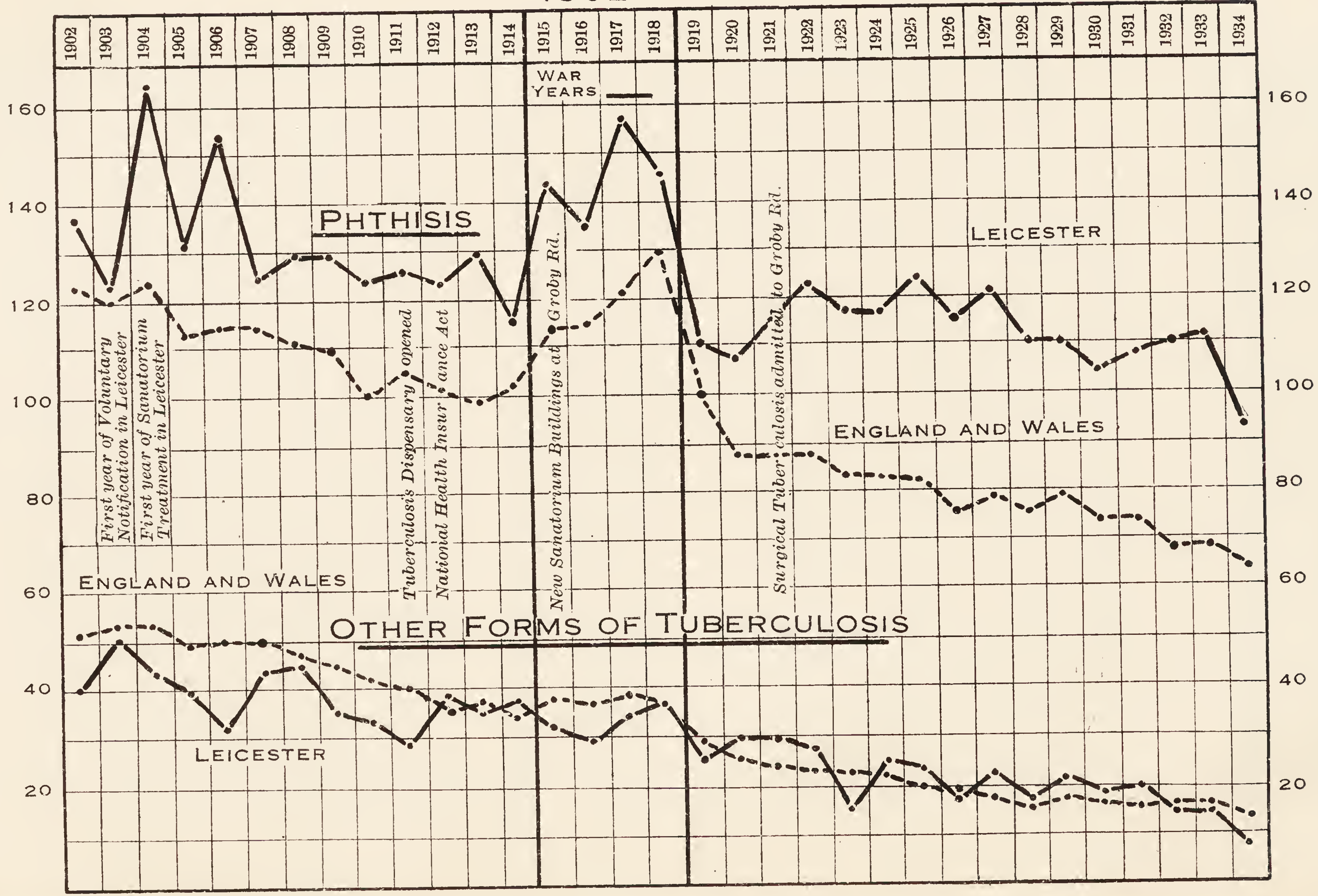
Cancer continues to be one of the most formidable and certainly the most dreaded of all causes of death. Unfortunately, we are still ignorant, to a very large extent, of the predisposing and exciting causes of the disease, so that very little advice can be given as to how to avoid cancer. We can, however, say that in certain situations of the body the disease can be attacked, after it has occurred, with some measure of success, provided always that appropriate treatment is begun early, before the disease has begun to spread to surrounding parts. Unfortunately, the period of time during which treatment is likely to be effective is often only short, and as the early symptoms may be very slight the opportunity is all too frequently missed.

It cannot be too often reiterated that with this disease delay in obtaining proper treatment is almost always disastrous.

GRAPH VI

TUBERCULOSIS MORTALITY PER 100,000 POPULATION

1902—1934



Bendien Reaction Serum Test for Cancer.

It is now two years since the Health Committee agreed with the Royal Infirmary to be responsible for the cost of applying a new test for malignant disease—invented by Dr. Bendien—in the case of patients attending the Royal Infirmary when the medical staff thought it desirable.

It was hoped, when this test was introduced, that it would be of material assistance in the early diagnosis of cancer, comparable to the Widal test for typhoid. Unfortunately, however, it does not appear to have fulfilled these expectations, for during 1934 the test was only resorted to at the Royal Infirmary on two occasions.

TUBERCULOSIS.

The number of fresh cases notified and deaths registered during 1934 was as follows (corresponding figures for previous year in brackets) :—

	Cases.		*Deaths.*	
Pulmonary tuberculosis (phthisis) ..	331	(438)	223	(269)
Other forms	72	(74)	19	(32)
Total	403	(512)	242	(301)

The above figures indicate a somewhat striking drop in both the notifications of fresh cases and of the deaths registered.

Frankly, it is not easy to suggest a satisfactory explanation of this sudden fall, although the fact itself is both satisfactory and welcome.

The accompanying graph (No. VI) shows the position of Leicester as regards tuberculosis mortality compared with the whole of England and Wales for the past 33 years. From it we see at once that as regards other forms of tuberculosis the mortality curve in Leicester has closely followed the curve for England and Wales ; but as regards pulmonary tuberculosis, the curve has all along been substantially higher than that for England and Wales. Moreover, since the post-war period, this difference between Leicester and the whole country has tended, if anything, to increase.

We must sincerely hope that the fall in the mortality from pulmonary tuberculosis will prove to be permanent, and that before long Leicester will not have to be open to the reproach that the mortality from pulmonary tuberculosis is higher than in the rest of the country.

As regards the attack-rate from pulmonary tuberculosis, this is shown in graph No. VII which is based on the number of notifications of fresh cases per 100,000 population. It is rather less reliable than the mortality, as the question of accuracy of diagnosis arises. This may tend to increase or diminish the number of notifications, e.g., many cases formerly diagnosed as pulmonary tuberculosis in children are now regarded as chronic pulmonary catarrh. Yet the fall is so pronounced and prolonged as to be a source of much satisfaction.

VENEREAL DISEASE.

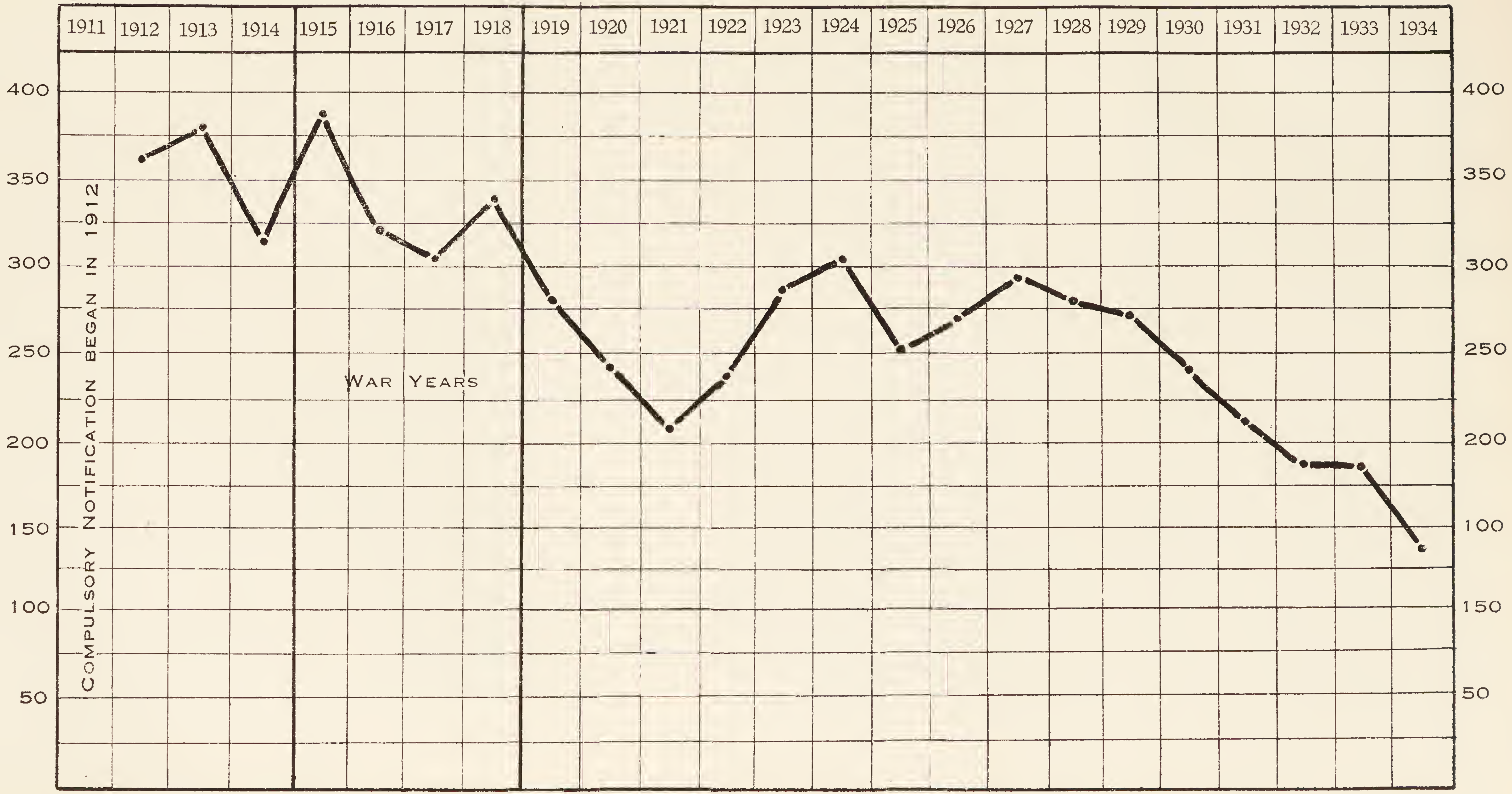
It is now 18 years since the National Scheme providing for free and and expert treatment for V.D. in this country was started. Prior to that time, persons suffering from the disease who were not in a position to pay for specialist treatment had to be content with any kind of treatment they could get. Voluntary hospitals made little, if any, provision for V.D. Presumably, it was considered that as, in the majority of cases, the disease was contracted through the individual's own improper conduct, such individuals were not proper subjects to be the recipients of charity. To a large extent, the unfortunate victims were forced to resort to advertising charlatans and quacks at whose hand the treatment received was sometimes worse than useless. Undoubtedly, since the Government's scheme came into operation, the treatment of V.D. has been greatly improved and greatly extended. Nevertheless, in spite of the fact that we have recognised specifics (in the case of syphilis), these diseases are so obstinate and tenacious that, once contracted, it is a most difficult and tedious matter, calling for long perseverance, to get rid of them. Still, where treatment is persevered with, there is a good prospect of ultimately getting free, and in any case, the risk of sequela or after-effects—so serious in untreated cases—is greatly reduced.

During the year under review the number of new cases of syphilis and gonorrhoea in males presenting themselves for treatment at the V.D. Clinic was about the average. The number of cases found, after careful examination, not to be V.D. continues to rise as it has been doing for the past eight years. This is all to the good as it demonstrates that men who have exposed themselves to risk of infection are coming to realise the importance of seeking expert advice.

As regards females, the figures for syphilis show a tendency to decline, but gonorrhoea has gone up a little.

GRAPH VII

PULMONARY TUBERCULOSIS: NOTIFICATIONS PER 100,000



Public Lectures.

During the year four public lectures on V.D. were given at the Vaughan College, two by the V.D. Officer for males (Dr. C. Hamilton Wilkie), and two by the Assistant V.D. Officer for females (Dr. M. Newton-Davis). They were well attended and much interest was shown.

Full particulars of the work done in the Male and Female Clinics, and at St. Mary's Home, will be found in the Reports of the V.D. Medical Officers, in Appendix VII.

SCABIES.

With a view to assisting persons suffering from this unpleasant and contagious skin affection to get rid of it the Health Department has for many years made provision for the treatment of patients, by baths and appropriate ointments, at the Health Offices. The accommodation for this purpose is in the basement and is far from satisfactory, but it is much better than nothing. When the new health offices are built better accommodation for this purpose should certainly be provided.

The following figures show the cases dealt with in recent years :—

	Children	Adults	Total
1930	25	4	29
1931	30	3	33
1932	51	9	60
1933	46	9	55
1934	64	10	74

As the result of the Great War and the return to this country of large numbers of soldiers there was, for a time, an undoubted increase in this disease. This apparently passed and the number of cases referred to us fell off. During the past five years, however, the number of cases has been increasing again. The cases are referred to us chiefly from the School Medical Service, but some cases come from private medical practitioners, and from infant welfare centres.

PART III.

Administrative and General

HOUSING OF THE WORKING CLASSES.

During the year, 1,493 new houses were erected within the city by private enterprise, whilst the Housing Committee erected 78 houses inside, and four houses outside the city. The detailed figures for previous years were given in the last report. They were, for the 13 years ending 1933 :—

Private Enterprise (within the city)		8,092
Housing Committee :		
Inside the city	4,257	
Outside the city	2,238	
		6,495

In addition to the above, private enterprise has erected a very large number of houses all round Leicester, most of which are available for Leicester people. Many of them were brought into Leicester by the extension of the City on the 1st April, 1935.

SLUM CLEARANCE.

Wyggeston Ward.

During the year (26th June) the Council, on the recommendation of the Health Committee, declared as Clearance Areas, under Section 1 of the Housing Act, 1930, the following nine areas :—

Area.	Dwelling-houses.	Dwelling-houses and Shops.	Common Lodging-houses.	Other Buildings.
8. (Britannia St.)	69	2	3	—
9. (St. Mark St., Bedford St., Grove St.) ..	225	8	1	6
10. (George St.) ..	10	—	—	2
11. (Wharf St. Cottages)	10	1	—	—
12. (Fennel St.) ..	18	2	—	1
13. (Fleet St.) ..	17	1	—	1
14. (Fleet St. Ter.)	20	—	—	—
15. (Upper Hill St.)	24	—	—	—
16. (Bread St.) ..	13	—	—	2
Totals ..	406	14	4	12

Total Buildings : 436.

The Council made a demolition order for each area except Areas 9 and 10. These were omitted in order that the question might be considered of making compulsory purchase orders in the case of these two areas.

There was a strong feeling that it was desirable that provision should be made for rehousing near the centre of the city, a certain proportion of those whose houses were to be demolished in view of the fact that in the case of some tenants, whose work lay near the centre, hardship might be entailed if they were forced to move out on to new building estates on the outskirts.

Certainly, it is a fact that there are some tenants, though not very many, who, after they have been granted new houses in the outskirts, abandon them in order to return to much inferior accommodation nearer the centre.

The proposal to rehouse near the centre, however, is not considered practicable except by the erection of multi-storied flats, owing to the high price of land near the centre. But the question of the erection of flats has proved—in Leicester as elsewhere—a very "thorny" question, and has given rise to acute controversy.

A deputation visited other cities—Liverpool, Manchester, Salford and Derby—to see what was being done in those cities, but in the first three mentioned the local conditions were very different from those which prevail in Leicester. Of the various types of flats inspected those erected by the Sutton Trustees at Liverpool and Salford were considered by the deputation to be the most attractive.

The next step was to instruct the City Architect (Mr. J. S. Fyfe) to prepare a tentative scheme, giving costs, for an experimental lay-out of flats fronting Belgrave Gate, and extending from Gower Street to George Street. This would cover a large part of Clearance Areas, 9 and 10, and would wipe out Grosvenor Street, Grove Street and Lower Grove Street.

Mr. Fyfe presented his scheme in March of the present year, but it was decided to defer further consideration of the question until the new Housing Bill, now before Parliament, was passed, as it might affect the question of subsidy. Whatever decision may ultimately be arrived at, it will, I think, be agreed that the City Architect has prepared a very attractive-looking elevation and lay-out for the proposed flats. (Further reference to the question of building flats is made below).

In the meantime, however, it had been decided to deal with Clearance Areas 9 and 10 by means of compulsory purchase orders. This means that the Corporation will become the owners of this considerable site, and if they do not use it for rehousing purposes they will have to find other uses for it.

This is one of the difficulties which has got to be faced in all slum clearance work—what is to happen to the sites after the existing houses have been demolished ? If slum clearance is to be undertaken on any large scale the difficulty is a serious one. No one likes to think of large vacant areas left derelict for a long period, possibly for years. To a limited extent they can be used for the provision of play-grounds and open spaces, and it is to be hoped that liberal provision will be made in this direction. (Further reference to this is made below).

St. Martin's Ward.

The rehousing of the tenants in the Redcross Street Clearance Area was proceeded with during 1934, though not actually completed till early in 1935. The subjoined table shows the number of families rehoused during the year.

Families Rehoused from Nos. 4, 5, 6, 7, and 8 Clearance Areas During 1934.

Area.	No. of Families	No. of Persons	Type of New House		
			1 Br.	3 Br.	4 Br.
No. 4 Harvey Lane ..	15	53	3	12	—
No. 5 Thornton Lane ..	25	78	4	21	—
No. 6 Redcross Street ..	3	3	3	—	—
No. 7 Bakehouse Lane ..	16	46	2	14	—
No. 8 Brittannia Street	1	11	—	—	1
Totals ..	60	191	12	47	1

St. Margaret's Ward.

Representations have been made by the Medical Officer of Health regarding a number of areas to be dealt with under Section 1 in St. Margaret's Ward.

The site of the Green Street—Sandacre Street Area, which was the first clearance area to be dealt with in Leicester, is still vacant; much of it was earmarked for a 'bus park, but the exact position of the latter is now being re-considered.

THE QUESTION OF ERECTING MUNICIPAL FLATS.

As this question has an important public health aspect some further reference may be made to it.

What is there to be said for and against flats on health grounds.

In the first place, it is necessary to point out that there is much the same difference between the modern well-designed flat and the objectionable tenement block of sixty years ago, as there is between the modern "council house" and the defective working-class cottage of the same period.

To-day, it must, I think, be admitted that it is possible to live a perfectly healthy life in a flat, even though one has to climb three or more flights of stairs to get to it, and though a garden to each house is not practicable.

But when it comes to the question of whether it is better to live in the outskirts of a city under semi-rural conditions, or in the centre of a town, under strictly urban conditions, I am bound to say that, other things being equal, I must, as Medical Officer of Health, vote for the former, and especially where children are concerned.

I have been careful, however, to say "other things being equal" because if, owing to living in the outskirts, the amount of the family income available for food and other necessaries is reduced, the advantage of living in the outskirts may be neutralised.

We have also to recognise that it may entail real hardship in certain cases to forcibly dispossess people of their houses under Slum Clearance and only to offer them alternative accommodation at a considerable distance from their existing abodes. It is true that in Leicester the Corporation building estates are not nearly so remote from the centre as in some of the larger cities, but as the available building land becomes built up, the new houses will have to be erected further and further out.

Therefore, it is not easy to give a definite answer, Yes or No. Probably, the wisest course, in this case as in many others, is to compromise, i.e., to build a limited number of flats but to restrict them as far as possible to families with few, if any, children.

THE QUESTION OF "VERMIN" IN HOUSES.

The question of bug-infested houses continues to exercise the Health Department in Leicester as in other cities. Undoubtedly, the question is much more in evidence than formerly. This is partly accounted for, no doubt, by the increased attention given to the slum problem—of which bug-infestation is a part—and partly, I am inclined to believe, to a real increase during the last two or three years in the prevalence of this pest. It is a fact that the past two summers have been exceptionally fine and warm, and it is well known that bugs appear to flourish best in hot weather.

Whether or not there has been a real increase, we have certainly had many more complaints and appeals for help in connection with this question, and I believe that this experience is general.

We are still looking for the ideal method of freeing houses which are infested with this pest. The most potent re-agent to-day is hydrogen-cyanide, otherwise known as hydrocyanic acid gas. This is very volatile and extremely penetrating and very deadly to all forms of insect life. Undoubtedly, it is the most effective method, but unfortunately it is also very deadly to human beings.

It can only be used, therefore, with the very strictest precautions and needs highly trained and thoroughly reliable staff for its application if accidents are to be avoided. Even so, there are definite-limitations to its use.

During the year it was decided to use hydrogen cyanide for defesting the furniture and belongings of tenants of houses to be demolished, immediately before they were removed to the new houses provided for them. Subsequently, after being vacated, the old houses were defested, to prevent dissemination of "vermin" when these old houses were demolished and the materials disposed of. As was explained in my last report, the old woodwork from demolished houses is usually sold for firewood, and unless previously defested this must entail serious risk of bugs or their eggs being introduced into other houses.

The procedure adopted by the Health Department is as follows: On the morning of the day of removal to the new house, the furniture and other belongings are collected and taken in our own furniture van to the Corporation depot in Mill Lane where there is a very convenient site in an isolated position on the canal side to which the public have no access, and at a safe distance from dwelling-houses. Here, the van and its contents are subjected to the requisite dose of 'gas' for the requisite length of time. Bedding, however, is not usually exposed to the 'gas' but is dealt with in the steam disinfector. If any bedding is treated with 'gas' it is afterwards put through the steam disinfector, used as an extraction chamber at a negative pressure in order to extract any 'gas' retained in the bedding. After the necessary exposure (about four hours) the van is opened at both ends and air is forced through the van by means of an electric blower. Chemical tests are then applied to ensure that no dangerous concentration of 'gas' remains. If the tests are satisfactory the van is then removed to the new house and the furniture, etc., delivered. Tests are again applied after reaching the house. With these precautions, it is possible for people to sleep in the house the same night. The vacated house is defested with 'gas' as soon afterwards as practicable, and is left sealed up for eight hours before opening up. We are now negotiating for another defesting station to serve the needs of the north side of the city.

OVERCROWDING IN LEICESTER.

Although overcrowding may not be nearly such a big problem in Leicester as in many towns, it is still quite big enough to call for energetic and determined efforts to relieve it. In Leicester, as in most places, overcrowding is closely bound up with the question of poverty. Those who can afford to pay can get houses, but with those living below or near the poverty line great difficulty is experienced. There is still, undoubtedly, a great shortage of houses to let at rents in the neighbourhood of 10/- per week. That is as much as a labourer with dependent children and only his own wages to draw upon can reasonably be asked to pay, at present rates of wages.

It was a great flaw in the 1930 Housing Act that it made quite inadequate provision for dealing with overcrowding. Only when this occurred in Improvement Areas could a Local Authority obtain subsidy for houses built to relieve it. The Housing Bill now before Parliament is intended to rectify this, and it is sincerely to be hoped that Local Authorities will promptly take advantage of it as soon as it becomes law. Overcrowding is admittedly a great evil; it constitutes one of the worst features of the slum problem, and it aggravates and intensifies most of the other bad features of the slums.

The Housing Committee continue to relieve many cases of overcrowding where the people concerned are in a position to pay the rent of a Council house, but unfortunately, many of the worst cases of overcrowding do not come into this category. The rents of the houses now being built to rehouse the tenants of houses to be demolished under the 1930 Act are substantially lower, but many cases of overcrowding are not living in these houses, or, at least, not in houses which will be demolished in the near future unless the Health Committee decide to give them priority, a course which I strongly recommend.

We have in the Health Department particulars of many gross cases of overcrowding, and I do strongly urge that these should be relieved at the earliest possible date. On the very day on which these words are penned, a mother has been in to see me (for the second time.) She tells me that they live in a small two-roomed "court" house. There is only room for one bed in the one little bedroom, and in this she and her husband, a boy of twelve, and a girl of nine, are all sleeping together. In another case, which applied to me a few days ago, two sons, aged 21 and 17, were sleeping in the same bedroom with three girls, aged 13, 12 and 7. There are seven children in this family. In yet another recent case, man, wife and four children, the ages ranging from 15 to 2 years, are all sleeping in the one bedroom of a two-roomed house. The tragedy is that the larger the family, and the more urgent therefore the need for a larger and better house, the smaller the margin available for rent (until such time as the children go to work). Also, the larger the family, the greater the difficulty of obtaining one of the few houses at a reasonable rent which become vacant, as most private landlords naturally give preference to small families.

PLAYGROUNDS FOR CHILDREN.

One of the urgent needs of the day is the provision on a generous scale of playgrounds for the younger children. This is something quite distinct from playing-fields or recreation grounds, desirable though these latter undoubtedly are. But so far as Leicester is concerned the Authorities have made, and continue to make, liberal provision as regards playing fields and recreation grounds. What we are pleading for when we say "playgrounds" are comparatively small areas of ground scattered freely throughout the city to act as a substitute for the streets, which from time immemorial have been the playgrounds of the children in all the poorer quarters of our towns and cities, but which, to-day, owing to the advent of motor traffic, are no longer safe or proper places for children to play in. Children must play somewhere, and up to the present practically nothing has been done to meet the new situation which has arisen since the war. The only playgrounds available at present in the central areas of the city—Newton, Wyggeston, St. Margaret's Wards and the adjacent districts, are situated in Wheat Street, Taylor Street, Slater Street and the Boulevard. There is another in Overton Road which serves that district. All these were provided over 20 years ago—most of them over 30 years ago, before motor cars were even thought of. Out of school hours these playgrounds are thronged with children, showing their popularity and proving the need for them. Any temporary vacant site due to demolition is usually quickly taken possession of by the children of the neighbourhood unless it is fenced off. Hitherto, the difficulty has been to find a suitable site, together with the cost of land, in the centre of the city. But with the advent of Slum Clearance it ought to be comparatively easy in the near future to obtain suitable sites. I would like to urge that, in my opinion, what is needed is a large number of small playgrounds rather than a few large ones, because to really serve their purpose they ought to be as near as possible to the houses of the children they are intended for. Obviously, young children cannot with safety be sent to a distant playground, especially if this entails crossing main thoroughfares.

The playgrounds having been provided will need to be properly equipped with swings and other appliances, sandpits, etc.

Rest-Gardens.

Of less importance than "playgrounds" for the "kiddies" are rest-gardens for older people. These are very desirable but need not be so numerous. They not only serve for the benefit of those who actually use them, but add materially to the "amenities" and appearance of a neighbourhood, and thus benefit the whole community The position needs to be carefully chosen. St. Margaret's Churchyard could, at comparatively small expense, be converted to this purpose, and I have reason to think that such a proposition is not likely to be opposed by the Church Authorities provided that it entailed no additional expense to them, and that mutually satisfactory conditions were agreed upon.

Play-Streets.

The Minister of Transport has suggested that in London and other large cities certain streets should be closed to motor traffic during certain hours with the idea of children being allowed to play in them in safety. Failing the provision of proper playgrounds this seems the only alternative.

It would certainly be cheaper so far as the Local Authority is concerned but would cause considerable nuisance to residents in these streets, and be inconvenient to tradespeople and motor traffic generally. The provision of proper playgrounds would be much more satisfactory.

UNEMPLOYMENT IN LEICESTER.

The close connection of employment and health justifies a reference to that social sore—unemployment. Happily, Leicester is better off in this respect than many other industrial centres ; indeed, Leicester has probably had less unemployment than most other large towns.

Nevertheless, a large number of both men and women have been, and still are, out of work, and suffering much distress in consequence.

The following figures have been supplied to me by our local Employment Exchange :—

	1933.		
	Jan. 9th.	*June 26th.*	*Dec. 18th*
Wholly unemployed claimants and non-claimants	10,853	7,802	6,799
Temporarily stopped claimants	6,784	4,158	4,275
Totals	17,637	11,960	11,074

	1934.		
	Jan. 8th.	*June* 25th.	*Dec. 17th*
Wholly unemployed claimants and non-claimants	7,816	6,900	7,472
Temporarily stopped claimants	6,035	7,095	5,699
Totals	13,851	13,995	13,171

The increase in the number of unemployed in June and December, 1934, as compared with the previous year was chiefly made up of hosiery workers. Nearly half the total were "temporarily stopped."

SCHOOL MEDICAL SERVICE.

In Leicester, hitherto, the School Medical Service, has been worked quite independently of the Health Department, and, as was stated in my last report, this arrangement has worked quite satisfactorily. There has at no time been any friction between the two departments, and certainly, under the able official administration of Dr. Allan Warner—who has been School Medical Officer ever since the School Medical Service was first started—the Department has grown and developed most remarkably.

Nevertheless, the tendency to-day is undoubtedly towards centralisation of the supreme command of the two departments under one head, the same officer holding the dual post of Medical Officer of Health and Chief School Medical Officer, in the latter capacity acting for the Education Committee. The Ministry of Health and Board of Education both favour this course, and as the Medical Officer of Health and Chief School Medical Officer are both retiring this year (1935) the opportunity is being taken to combine the two offices, and so bring Leicester into line with the majority of towns.

ALCOHOL AND HEALTH.

My views on this subject are well known, but as this will be my last Annual Report I may be allowed to refer to it again.

As a direct cause of death alcohol plays but a comparatively small part. But **indirectly**, by undermining the constitution and paving the way for other diseases, it undoubtedly exercises a very much larger influence. Happily, there are good grounds for believing that, owing to the diminution of drunkenness and to the more sober habits of the nation, the injury to health caused by alcohol is to-day much less than it used to be. At the same time, there can be no doubt that the habit of taking alcohol on an empty stomach in the form of cocktails, "pick-me-ups," and strong spirits in any form taken between meals, is definitely prejudicial to health, and all young people should be warned against the danger attaching to these practices.

Alcohol and Motor Accidents.

To-day, the consumption of alcohol is manifesting itself as a menace to health in another way, viz., its influence in increasing therisk of motor accidents. Owing to the enormous increase in motor traffic the danger of motor accidents has become one of the major problems of our time. The annual toll of killed and injured on our roads is admittedly terrible.

The effect of alcohol on motor drivers, by influencing their quickness and precision of judgment, is one factor—and, as many believe, an important factor—in the causation of road accidents. Undoubtedly, abstinence from alcohol in any form before and during driving is by far the wisest and safest rule.

The unfortunate thing is that a person who is beginning to come under the influence of alcohol after one or more drinks is too often rendered unable to recognise the fact that he is not really in a fit condition to drive with safety. Also, it cannot be too often reiterated that alcohol begins to affect the judgment when driving before the stage when a person is what is commonly known as "the worse for drink." As a rule, it is only the latter cases that appear in the police courts.

Very few motor accidents to-day are due to mechanical defects such as axles breaking, steering going wrong, or brakes giving way without warning. In nearly all cases, it is not the motor but the driver who is to blame. And let us be frank, apart from mechanical failures "accidents" very rarely do happen "by accident." In almost every case someone—driver, cyclist or pedestrian—is to blame, if the truth were fully known. Where the rules of the road are properly observed accidents do not happen. And alcohol, fatigue, carelessness and lack of skill and experience are the chief factors which cause people to fail in observing the rules of the road.

It is interesting to note that the Minister of Transport is now instituting inquiries into the part played by alcohol as a factor in road accidents, and the British Medical Association, having been approached by the Minister in the matter, has appointed a special committee to go into the question. This committee comprises physiologists, a neurologist, a pharmacologist, police surgeons, physicians and general practitioners. The opinion of such a committee ought to carry much weight, and its report will be awaited with interest.

Health Certificates before Marriage.

This subject has been referred to more than once in these reports. During the year the matter has been carried a step further. The Eugenics Society has taken the matter up and has appointed a Committee to look into it. The writer has been in communication with this Committee and has made certain suggestions to them which are being acted upon.

Further, the question was raised in the House of Lords by Lord Kilmaine, and a debate ensued.

At the present stage, what is needed is to educate public opinion as to the desirability of the interchange of health certificates by engaged couples prior to marriage ; and with a view to facilitating and encouraging this it is very desirable that some representative body, such as the Eugenics Society or the British Medical Association, should draw up and issue a form of certificate for this purpose. Further, the British Medical Association should suggest the fee that should, in ordinary circumstances, be charged by doctors for giving this certificate, and this fee should be fixed as low as possible in view of the fact that it is in the national interest that such certificates should be obtained.

Ultimately, when public opinion is ripe for it, the obtaining of these certificates might be made compulsory, and the cost, or part of it, be paid by the State.

TRAINING OF MIDWIVES.

There are three separate institutions in Leicester which provide training for those wishing to sit for the examination of the Central Midwives Board, viz., the Maternity Hospital, Causeway Lane, the Municipal Maternity Home, Westcotes Drive, and the City General Hospital. The last-named only provides training for its own nursing staff and includes training for the C.M.B. examination as part of the training course for nurses. Each of these three institutions used to have their own course of lectures for their own pupils.

In 1927, as the result of pressure from the Central Midwives Board, it was decided to combine the three courses of lectures into one course, and this was done by the formation of a special Midwifery Lecture Committee under the auspices of the University College. The Committee consisted of representatives from the College, the Corporation, the Maternity Hospital, and the Lecturers. Dr. Astley V. Clarke was elected Chairman representing the College (which post he still holds), and the Medical Officer of Health, Honorary Secretary. This arrangement has been in operation for seven years and has worked satisfactorily.

Two, and sometimes three, courses of lectures are given annually, the lecturers being the Medical Officers attached to the Maternity Hospital (Dr. E. Lewis Lilley) and to the Maternity Home (Dr. T. W. Allen), who each give 16 lectures, sharing the syllabus between them ; whilst the Medical Officer of Health gives one lecture on "The Relationship of the Midwife to the Local Supervising Authority," usually at the end of the course.

The following figures show the number of pupils who have attended the joint course of lectures during the last two years :

	Total	*Sat for Examination*	*Passed (1st time)*
Maternity Hospital ..	64	42	35
Maternity Home	40	30	29
City General Hospital ..	19	13	12
	123	85	76

A proposal has now been made that this Committee should also undertake to provide a course of training in Leicester for health visitors. Hitherto, no provision of this kind has been made locally, with the result that Leicester women wishing to become health visitors have had to go elsewhere for their training.

SLAUGHTERING OF ANIMALS.

Leicester made "humane" slaughtering of animals compulsory in 1927 by the adoption of what is known as Model Bye-law 9 (b). On the 1st January of the year under review, the Slaughter of Animals Act, 1933, came into operation which makes the "humane and scientific" shaughter of animals universally compulsory, with the proviso that it shall only apply to pigs when a supply of electrical energy is available, and only to sheep if a resolution to that effect is passed by the Council. The Leicester Council have passed the necessary resolution.

The exemption of pigs, except where electricity is available, is a recognition of the fact that there is a difficulty in the way of the use of mechanical stunning instruments in the case of pigs, though when there is an electricity supply available the use of the apparatus known as the "Electrolethaler" appears to be highly satisfactory. This apparatus does not "electrocute "the animal, but quickly (in the course of a few seconds) produces unconsciousness. Although this is of short duration it is just sufficient to enable the animal to be hoisted and "stuck." It appears to entirely get over the objection raised against stunning with the mechanical killers, viz., that they are apt to cause "splashing." The use of the electrolethaler was voluntarily and readily taken up by certain big firms of bacon-curers in various parts of the country who had previously strongly opposed the use of mechanical killers. The R.S.P.C.A. carefully investigated the claims made on behalf of the electrolethaler that it really did produce complete insensibility to pain, and not until they were quite satisfied did they give their official approval.

PUBLIC ABATTOIR.

The Leicester Public Abattoir Scheme is still only on paper, though it is reasonable to hope that the time is now not far distant when it will at long last materialise and that all private slaughter-houses will then be abolished.

Over 40 years ago, the Medical Officer of Health for Leicester, in his Annual Report for 1893, wrote as follows :—

> "There are in the Borough 84 private slaughter-houses which are, more or less, nuisances, sanitary and social. All sanitarians are agreed as to the superiority of public abattoirs over private slaughter-houses, and it is to be regretted that considerable time must of necessity elapse before Leicester will take her right place amongst towns which centralise their meat supply."

The following is an epitome of what has taken place in recent years :

On the 30th April, 1924, the Health Committee reported to the City Council that they were of opinion that the time had come when the Corporation should exercise its powers under Section 44 of the Leicester Corporation Act, 1897, and prohibit slaughtering except in Corporation slaughter-houses, and that this would involve the provision by the Corporation of adequate slaughter-houses in convenient positions. Therefore, a resolution, moved by Councillor Wilford (now Alderman), who was then Chairman of the Health Committee, was carried, instructing the Markets Committee to prepare the necessary plans for providing additional slaughter-houses at or adjoining the Cattle Market.

In June, 1925, the Markets Committee presented a report to the effect that after full inquiries they had come to the conclusion that the erection of additional slaughter-houses of a similar character to the existing Corporation slaughter-houses (which are let off to private butchers) was not desirable, but that the provision of a large central public slaughter-house was essential. A resolution confirming this in principle was carried.

On the 5th January, 1926, the Markets Committee submitted a detailed scheme for a public abattoir, the whole scheme to cost £178,000. The meeting was adjourned until the 19th January, when a resolution was carried to the effect that the scheme should be carried out in sections, and that the details of the first section should not be submitted for a period of two years.

On the 24th April, 1928, the Council approved of the first section of the scheme which provided for lairs, slaughter-halls, hanging-courts, chill-room, engine-room, boiler-house and office accommodation, at a cost of £76,140.

An Inquiry was held by the Ministry of Health on the 9th July, 1929, as a result of which certain modifications were suggested. The scheme was ultimately approved on the 1st August, 1930, and owing to the time which had elapsed it was decided to advertise for fresh tenders. Also, in view of the economic situation, it was decided to postpone the scheme for twelve months.

On the 25th July, 1933, the Markets Committee reported that for some time the Ministry of Agriculture had been making exhaustive inquiries into the whole question of food marketing, and incidentally into the subject of centralised slaughtering of livestock. A communication had been received from the Ministry suggesting that the

Leicester Scheme should be temporarily deferred, and this was agreed to.

In January, 1934, a report was published by the special Committee under the Chairmanship of Sir Francis Boyes specially advocating what is known as the "Factory Abattoir System." Owing to this it was thought desirable to reconsider the whole question.

In August, 1934, a Conference was held by the Chairman of the Markets Committee at which representatives of all sections of the Meat Trade were present, and the question of the adoption of the Factory Abattoir System was specially discussed. Negotiations between the Markets Committee and representatives of the Meat Trade are still proceeding.

MILK SUPPLY : PASTEURISATION.

For years the question of the milk supply of the people has been continuously and warmly debated. To-day, many aspects of it have been virtually settled and the question has now been crystallised out to such an extent that we can say that what is wanted is :

(a) a "clean" milk, and (b) a "safe" milk, and at a reasonable price.

As regards (a), there is not now much difference of opinion ; but as regards (b), "safe" milk, the subject is still hotly debated. Speaking generally, we may say that the medical profession, including most medical officers of health, and supported by that section of the milk industry which represents "big business" on the distribution side, are strongly in favour of pasteurisation as the only practicable method of securing "safe" milk.

Another section of the milk trade, largely representative of the smaller producers and retailers and of agricultural interests, are just as strongly opposed to pasteurisation.

The medical profession has, of course, no "axe to grind" in this matter, though this cannot be said of the milk industry, which has important vested interests at stake. Moreover, the two sections of the trade may be said to "cancel out." The Ministry of Health is definitely in favour of pasteurisation, and has recently issued a valuable report on the technical aspect of pasteurisation (Public Health and Medical Subjects, No. 77).

This report makes it quite clear that efficient pasteurisation is by no means so simple and easy as some may think. Only the "holder" process, and only certain types of plant, are to be regarded as efficient, and even then careful and intelligent supervision is necessary if satisfactory results are to be maintained.

Whilst the writer is certainly in favour of pasteurisation and looks forward to the day when milk, other than that from tuberculin-tested herds, will all be efficiently pasteurised, he recognises that there are technical obstacles to be overcome, and that the smaller milk producers will have some difficulty in getting over these.

DISPOSAL OF DOMESTIC REFUSE.

"Controlled Tipping" versus Incineration in "Destructors."

Forty years ago the method of disposing of domestic refuse by burning it in special centrally situated incinerators, commonly called "destructors," was regarded as being a great advance upon the older and much more primitive method of "tipping" it into some disused quarry or natural hollow in the outskirts of the town.

Certainly, these refuse "tips" were nearly always a great nuisance to the neighbourhood, polluting the atmosphere with effluvia or smoke when the face of the "tips" caught fire, harbouring rats, flies and other insects, besides being a great eyesore.

It was claimed for the destructor that it could be operated even in a thickly populated neighbourhood without appreciable nuisance, and that all sorts of offensive rubbish could, in the purifying furnace, be quickly turned into inoffensive clinker and ash, which in turn could be disposed of as a profitable by-product.

Unfortunately, with the lapse of time, the claims made for "destructors" as being free from appreciable nuisance have been found to be unjustified. Though theoretically they may not be a nuisance, in practice they are found to be very much the reverse. In spite of various modifications in them and in the structure of the apparatus, it would appear to be almost impossible to work destructors in large cities without their causing a nuisance—sometimes a very serious nuisance—in their neighbourhood. This arises from several causes:

(1) The transport of the dust-carts or refuse collecting wagons through the streets;

(2) The escape of dust and dirt, as well as effluvia, from the refuse before it gets into the furnace;

(3) The emission of dust, ashes and grit from the destructor chimney.

Whilst admitting that nuisance from the above causes may sometimes be due to lack of good management or to faulty or inadequate plant, or to periodic over-loading, it seems to be now clearly proven that it is, to say the least, extremely difficult, if not impossible, to have a destructor, which has to deal with a really large amount of refuse, situated in the midst of a populous neighbourhood without causing a nuisance, and certainly our experience in Leicester bears this out.

Within recent years, there has been a reaction in favour of returning to "tipping" as the best method of disposing of domestic refuse, but instead of the old haphazard method of tipping, the new method of tipping is strictly "controlled," i.e., carried out in accordance with a specified plan. The essential point of this "controlled" tipping is that at the end of each day, or oftener, the whole of the face of the tip where refuse has been deposited shall be covered completely with earth to a given depth, at least nine inches.

With a view to studying this method, a deputation from the Health Committee, consisting of the Chairman of the Health Inspection Sub-Committee (Councillor Cort), accompanied by the Medical Officer of Health and Chief Sanitary Inspector, and also by the owner of a rubbish dump which had been the cause of serious complaints paid a visit to Mucking in Essex where the refuse from several of the London Boroughs was being disposed of by a contractor, Mr. F. W. Surridge, one of the pioneers in this method.

The deputation came back greatly impressed. They testified that vast quantities of London's domestic refuse, some of it far from savoury, was being disposed of scientifically and without appreciable nuisance from effluvia, smoke, rats or flies, and without being any serious eyesore. It is true that the conditions at Mucking were exceptionally favourable to this method, and the very large scale on which it was being carried out made it feasible to provide the most up-to-date plant for the purpose. Also, the contractor himself resided practically on the site of operations so that effective supervision was easy.

But the operations at Mucking show what can be done, and the Sanitary Committee, which is the Committee responsible for the collection and disposal of house refuse, will, I think, be well-advised to give careful consideration to "controlled tipping" as a possible alternative to the present method of burning the refuse in destructors. I would suggest that experiments should be carried out in order to explore the possibility of "controlled tipping" in Leicester. I believe that suitable sites for the purpose could be found in the outskirts of the city.

METEOROLOGY.

The rainfall and mean temperature for each month of the year are given in Table 24. These are the meteorological factors having most bearing on health. The rainfall was again much below the normal, viz., 21.1 inches, the same figure as in the previous year. The average rainfall in Leicester for the ten years, 1923-1932, was 27.3 inches. Therefore, the rainfall for the last two years has been six inches below the ten years' average.

The number of days on which rain (above .01 inches) fell was 191 compared with 161 in 1933, and with a ten years' average of 198.

Hot dry summers, such as we enjoyed in 1933 and 1934, would at one time have had, almost certainly, a marked effect in increasing infant mortality by favouring epidemic diarrhoea, but to-day, fortunately, no such effect results and we can regard a fine summer as being beneficial as well as enjoyable.

CREMATION.

The number of cremations taking place at the Leicester Crematorium during the year was 129, compared with 122 and 94 in the two previous years. Owing to the increasing popularity of cremation, the number of cremations per annum has now overtaken the highest figure (124) recorded prior to the opening of the Nottingham Crematorium in 1931, which diverted from Leicester cremations from the Nottingham area which had up till then come to the Leicester Crematorium.

The progress of cremation in this country has not been as rapid as many of its advocates hoped and expected, but it has nevertheless been steady, and in a question such as this, bound up as it is with deeply-rooted sentiment and tradition, rapid progress was hardly to be expected. In any case, it is only about a generation and a half since cremation became legalised.

The Crematorium at Gilroes was opened in 1902, and during the four months of that year there was only a single cremation.

The following figures show the progress that has since been made :—

Ten-Yearly Period.	*Cremations.*	*Annual Average.*
1903-1912	130	11
1913-1922	259	25
1923-1932	758	68
1933	122	
1934	129	

During the first complete year after opening, only five cremations took place, and only eight the following year. Last year, there were practically as many cremations as in the whole of the first ten years.

Personally, the writer has always been in favour of cremation as being a more hygienic mode of disposal of the dead than earth burial, but he believes that what will ultimately make cremation really popular will not be so much sanitary considerations as sentiment—the idea that the quick purifying action of the furnace is aesthetically much to be preferred to the slow putrefactive processes of nature which take place in earth burial.

It was sentiment which at first hindered cremation; ultimately it will be sentiment which will bring it into favour.

There are now 28 British Crematoria. New ones were opened during the year at Stockport, Birkenhead, Plymouth and Newcastle-on-Tyne. The total cremations performed during the past five years in the British Isles have been as follow :—

1930	..	4,533
1931	..	5,195
1932	..	6,315
1933	..	7,480
1934	..	8,337

Ten years ago there were only 16 crematoria, and the number of cremations in the year 1924 was 2,395. It will be seen, therefore, that the movement throughout the whole country has been similar to that in the Leicester area.

It can safely be said that cremation is now accepted as a perfectly normal method of disposal of the dead. The old religious objection has almost vanished (except as regards the Roman Catholic Church), and every cremation which takes place makes people think and ask themselves which mode of disposal is best and which they would prefer when their time comes. In other words, a snowball effect is now coming into operation and it is likely that progress in the future will be much more rapid than in the past.

The Superintendent Registrar of the Crematorium (Mr. A. C. Addison) deals with the whole subject very exhaustively in his annual report from which many of the above data have been taken.

The cremations at the Leicester Crematorium during 1934 can be classified according to occupation, as follows :—

Professional :		
Medical	2	
Legal	3	
Various	8	
		13
Trade and Commerce		32
Artisans		10
"Gentlemen"		9
Housewives		24
Widows		15
Spinsters		8
Infants		2
Various		16
		129

Amongst the above, the following persons of note in their respective spheres may be mentioned : Hon. G. N. E. Baring, W. H. Bowmar, W. W. Bemrose, Mrs. K. W. Davies, C. C. Elliott, M.D., O. B. Goddard, Alderman J. Mantle Hubbard, J.P., A. Hollingworth, H. L. Porter, F. W. Preston, A. H. Reynolds, J. S. Stanyon, Councillor F. W. Tookey.

PUBLIC INSTITUTIONS OF LEICESTER FOR THE CARE OF THE SICK.

A brief statement is given below of the public institutions for the care of the sick in Leicester.

I. VOLUNTARY.

Leicester Royal Infirmary.

This is a first-class general hospital, with 486 beds (306 surgical), which serves the needs of the City and County and surrounding districts. It is admirably equipped, including an up-to-date radiological department. The institution possesses 498 milligrammes of radium which is not only available, free of charge, for patients in the institution, but can be hired out under certain conditions. Patients are admitted on a subscriber's recommendation.

The Royal Infirmary is the premier charitable institution for the care of the sick in the district.

The Leicester Faire Hospital.

Intended to meet the needs of those who prefer to pay for their accommodation, but are not able to afford the usual fees of private nursing homes. It has 40 beds, and patients pay both for residence and for operations according to an approved scale. The terms are very moderate.

The Fielding Johnson Private Hospital.

This was the gift to the City of the late Mr. T. Fielding Johnson. It is a high-class, completely equipped, private hospital run on a self-supporting basis, doing the work usually done by private-venture nursing homes. It can accommodate 48 patients, including maternity cases. It is controlled by a Committee, on which the medical profession are well represented. The fees (for residence and nursing) are necessarily higher than at the Faire Hospital.

Highfield Hospital.

Fourteen beds. This is really a nursing home, managed by a Committee and partly supported by voluntary subscriptions. The fees paid by patients are much the same as those at the Faire Hospital.

The Leicester and Leicestershire Maternity Hospital, Causeway Lane.

This Institution, since the recent extensions were completed, provides accommodation for 36 patients with the necessary staff, The new part of the building, including the administrative offices, is thoroughly up-to-date and all that can be desired ; the old part. naturally, is much less so.

The Institution caters for women of the working class and has always been very popular. A special feature is that each patient has a separate room, and the Management believe that this is one reason for the Institution's undoubted popularity with the class catered for. The personality of the Matron (Miss Jean Gray), who has held office ever since the Hospital first opened, 25 years ago—and who is now, unfortunately, retiring—has also probably been an important factor. The number of patients during 1934 was 799, being an increase of 133 on the previous year, this being rendered possible by the extensions.

II. MUNICIPAL.

The Isolation Hospital and Sanatorium, Groby Road.

Provides accommodation for 340 beds, as follows :—

Infectious Diseases	142
Tuberculosis	148
Anstey Lane Branch Hospital ..	50
	340

The Anstey Lane Branch Hospital is used for smallpox when that disease is present in the City. At other times, it is used for chronic pulmonary cases in children.

The Groby Road Institution stands in the front rank of similar institutions and is thoroughly up-to-date. It possesses a very completely equipped radiological and ultra-violet light department.

A scheme for a new Nurses' Home has now been approved by the Ministry of Health and work is being commenced almost at once, and this is to be followed by a further scheme to provide additional accommodation for patients.

For further particulars see Appendix II.

Convalescent Branch Sanatorium.

In connection with the Groby Road Sanatorium there is a convalescent home or branch sanatorium, "Home Place," Holt, Norfolk, which provides accommodation for 26 patients in delightful surroundings near the sea. This institution was purchased and equipped by a voluntary fund (Health Week Committee Fund), but is maintained by the Corporation as a supplementary institution for the treatment of tuberculosis.

The City General Hospital, Gwendolen Road.

This institution was formerly the Poor Law Infirmary for Leicester, but in April, 1930, it was taken over by the Corporation and appropriated as a public health hospital. It now takes its place as a first-rate general hospital working in co-operation with and supplementing the work of the Royal Infirmary. There are 506 beds (excluding balcony beds), and all classes of diseases (other than mental cases), both medical and surgical, and at all ages, are admitted. There is a maternity block of eight beds, and recently an excellent orthopaedic department (56 beds) has been created under a special orthopaedic surgeon. Structural alterations have been carried out to the orthopaedic wards by providing balconies, and similar improvements are now being made to other wards.

Patients are admitted on the recommendation of a medical practitioner and are assessed for payment according to their means. The assessment is very reasonable.

A visiting consultant staff has been appointed and the resident staff strengthened.

For fuller particulars see Appendix III.

Patients who are subscribers to the Saturday Hospital Society (see below) are not assessed or expected to pay anything.

City Mental Hospital, West Humberstone.

The number of beds is about 1,000, and paying cases are admitted in addition to ordinary cases.

An Out-Patient Clinic for Nervous Ailments is held on Thursday afternoons, when cases referred by their medical attendant are seen and advised. This Clinic is situated in the Mental Hospital grounds. It would be an advantage if it could be held elsewhere, as some borderline cases must necessarily be repelled by the association with a mental hospital.

Institution for Mental Defectives, Leicester Frith.

This institution is situated in park-like surroundings about three miles out of Leicester. It provides excellent accommodation for 277 patients, males and females. It is controlled by the Mental Deficiency Committee of the Corporation.

The Municipal Maternity Home, Westcotes Drive.

This Institution was opened by the Health Committee as a Maternity Home fifteen years ago. A fine private mansion standing in its own beautiful grounds was purchased, and the necessary structural alterations made in order to adapt it for the purpose of a maternity home, to which it lent itself very readily. It provides accomodation for 25 patients, there being seven separate wards holding from three to five patients each. In addition, there is a labour ward and an isolation ward. The Institution is recognised by the Central Midwives Board as a training school for pupil midwives, for which there is accommodation for ten. They attend the courses of lectures provided by the University College Midwifery Lecture Committee (see page 39).

The total number of cases in 1934 was 450, of which 39 were "private" patients who are charged at a higher rate. The actual number of confinements was 410.

Any patient can be attended by her own doctor if she notifies her wish for this when booking.

An ante-natal clinic is held at the Institution, there being two sessions per week. Every woman booking for admission is urged to attend this clinic regularly up to the time of her confinement, and the great majority attend unless under their own doctor.

Further particulars as to the result of the year's working will be found in Table 16, whilst the Financial Statement is given in Table 19.

THE LEICESTER AND COUNTY SATURDAY HOSPITAL SOCIETY.

One of the most important and successful voluntary health institutions in Leicester is the Saturday Hospital Society.

By means of a voluntary weekly levy (2d. per week), which is "automatically" deducted from wages, a really wonderful amount of money is subscribed by the weekly wage-earners of the City and County for the purpose of supporting the Royal Infirmary, of maintaining three fine Convalescent Homes, as well as rendering other important health services.

Last year (1934) saw a fresh record established, the total amount collected being the really magnificent sum of £50,831.

The Society's outstanding achievement of the year was the opening in May of a new convalescent home, Overstrand Hall, to accommodate, when the alterations and additions are completed, 52 men and 50 women. The Hall is situated about two miles from Cromer, on the East Coast, and stands in its own delightful and spacious grounds. It is furnished and equipped in the most up-to-date and effective style, and when completed will be second to none amongst similar institutions in the country.

The Society also owns and maintains a fine children's sanatorium, Roecliffe Manor, near Woodhouse Eaves, in the Charnwood Forest, which provides accommodation for 45 children.

The convalescent home at Desford (for men), previously maintained by the Society, has now been given up, being no longer required.

The Swithland Convalescent Home (for women), has been presented by the Society, as a gift, to the Royal Infirmary, who are utilising it as a "pre-convalescent" home.

Amongst the subsidiary services rendered by the Society to its subscribers is an arrangement with the Leicester Health Committee under which persons admitted to the City General Hospital are not expected to contribute anything for their maintenance there. Under this arrangement, the Saturday Hospital Society pays the Health Committee a lump sum of twenty shillings for each of its subscribers admitted to the City General Hospital, irrespective of the length of time they may remain in. Although the amount does not, of course, nearly cover the cost of maintenance, it relieves the Health Committee of the troublesome and often difficult task of assessing and collecting from individual patients. It also encourages the principle of thrift and self-help.

It goes without saying that in order to carry on the work of the Society on such a very large scale a very complete and efficient organisation is necessary. In this respect, the Society has been and is well served by its past and present Secretaries, (Mr. H. H. Woolley and Mr. W. H. Abell).

CARE OF THE AGED AND INFIRM AND THE "CHRONIC SICK."

The dividing line between the aged and infirm and the "sick" is a narrow and very indefinite one which is frequently being crossed and re-crossed by the same individual.

Theoretically, the dividing line is held to be whether or not the individual requires constant skilled nursing, but in practice it is often difficult to decide to which category any given case ought properly to be assigned.

Yet the distinction is an important one, for the Health Committee are responsible for the care of the "sick," and the Public Assistance Committee for the care of the aged and infirm. The Health Committee treat the "sick" at the City General Hospital, whilst the Public Assistance Committee treat their cases at the Swain Street Institution.

Prior to the appropriation of the "Poor Law Infirmary, North Evington," by the Health Committee in 1930 under the Local Government Act, and its conversion into the "City General Hospital, Gwendolen Road," the distinction we are referring to was of little practical importance. Any aged and infirm persons at the Swain Street Institution who were near the borderline were transferred or admitted direct to the Poor Law Infirmary, which was regarded as the proper place for them.

But under the new régime a new policy was adopted, viz., to make the former Poor Law Infirmary into a first-class General Hospital. Few, if any, have seriously criticised this policy, but it has entailed that the kind of borderline case we are considering—sometimes referred to as the "chronic sick"—had to be excluded, primarily to make room for more acute cases, and partly because this type of case rather militates against the desired conversion of the institution into a first-rate General Hospital.

The aged and infirm or "chronic sick" cases were, therefore, allowed to accumulate at the Swain Street Institution, with the inevitable result that the number of deaths occurring there rapidly increased.

This is shown by the following figures :—

Year.	*Deaths at Swain Street Institution.*
1929	14
1930	10
1931	28
1932	65
1933	79
1934	129

Thus, in the five years since the Local Government Act came into force, the deaths at Swain Street Institution have increased more than tenfold. To-day, there are many cases being treated there who, towards the end of life, undoubtedly require skilled medical attention and nursing. Yet theoretically, and officially—i.e., in the eyes of the Ministry of Health—Swain Street Institution is not recognised as an institution for the care of the sick, and the provision for sick nursing and medical attention is not planned on that basis.

At the same time, it is not suggested that the class of case now under consideration is not, or has not, been well cared for, or that the Swain Street Institution is not a proper place for them to end their days in. On the contrary, it is probable that, speaking generally, they would be no more happy or contented, perhaps even less so, if removed from familiar surroundings, to which they had grown accustomed, and taken to the City General Hospital.

To meet the difficulty referred to, the Medical Officer of Health, representing the Health Committee, and the Public Assistance Officer (Mr. H. C. Mansfield), representing the Public Assistance Committee, were deputed to visit the Ministry of Health and discuss the matter. This they did (on the 19th March, 1935) and explained the whole situation. They stated that it was proposed to appoint a medical officer specially to look after the medical work at "Swain Street," and also to appoint a small number of trained nurses. The Officers of the Ministry interviewed expressed the opinion that it was desirable that the class of case described as "chronic sick" should be dealt with by the Health Committee rather than by the Public Assistance Committee, and that more accommodation at the City General Hospital would enable this to be done. On the understanding that the Health Committee would consider this question they would not object to the proposed arrangement.

Whilst referring to the Swain Street Institution it may be mentioned here that the Public Assistance Committee have recently carried out important structural improvements, and this policy of recond tioning is being continued.

What's in a name? Proposed new title for Swain Street Institution.

The suggestion has been put forward by the writer that since a large part of the Institution is now openly carrying on the work of an "infirmary," that part of it which is used as such should be called by that name. "City Infirmary" is surely a more inviting, as well as a much more appropriate, title than "Swain Street Institution" which inevitably raises the question, "What is the Swain Street Institution?" "Swain Street Institution" is really camouflage for another name which we all agree is now obsolete and better dropped.

APPENDIX I.

Report on the Tuberculosis Dispensary for 1934

By WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary is situated at 59, Regent Road and is the Centre for dealing with all work in connection with Tuberculosis in the City.

Staff.

The Medical Staff consists of one full-time and one part-time Medical Officer, three fully trained nurses (each of whom is responsible for the visitation over one third of the City), and a senior and junior clerk.

Notification Register.

Tuberculosis being a notifiable disease, all persons suffering from it must be notified, and their names entered in the Register. The Notification Register is kept thoroughly up to date. As soon as a patient dies, the name is removed from the Register. Similarly when a patient recovers, and can no longer be regarded as suffering from Tuberculosis, the name is removed. Then if a patient removes to another area (when the Medical Officer of Health for that area is notified) the name is removed from the Register. The result is that only those living in the City, suffering from tubercular disease, are retained on the Notification Register.

The following are the figures on the Notification Register on December 31st, 1934 :—

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Males	Females	Total	Males	Females	Total	
1,087	1,157	2,244	158	140	298	2,542

Notifications.

There has again been a marked reduction in the number of persons notified as suffering from Tuberculosis, 403 as compared with 512 in 1933. The Pulmonary notifications fell from 438 to 331 and the non-pulmonary from 74 to 72.

One hundred and seventeen of the Pulmonary cases and 22 of the non-pulmonary cases were notified by the Tuberculosis Officer and it is interesting to note that 81 per cent. of all the notified cases of Pulmonary Tuberculosis had either been examined by one of the Tuberculosis Officers or had had their sputum examined and reported on, previous to notification.

The following table gives the number of notifications since 1918 :—

1918	Pulmonary,	746 ;	Non-pulmonary,	82 ;	Total,	828
1919	,,	658 ;	,,	47 ;	,,	705
1920	,,	572 ;	,,	59 ;	,,	631
1921	,,	497 ;	,,	105 ;	,,	602
1922	,,	566 ;	,,	43 ;	,,	609
1923	,,	692 ;	,,	71 ;	,,	763
1924	,,	725 ;	,,	65 ;	,,	790
1925	,,	606 ;	,,	77 ;	,,	683
1926	,,	650 ;	,,	77 ;	,,	727
1927	,,	700 ;	,,	80 ;	,,	780
1928	,,	668 ;	,,	117 ;	,,	785
1929	,,	657 ;	,,	77 ;	,,	734
1930	,,	582 ;	,,	66 ;	,,	648
1931	,,	511 ;	,,	61 ;	,,	572
1932	,,	442 ;	,,	69 ;	,,	511
1933	,,	438 ;	,,	74 ;	,,	512
1934	,,	331 ;	,,	72 ;	,,	403

This steady fall in the number of notifications is very satisfactory. It shows that fewer persons each year are being infected and developing the disease. No doubt, in addition to the active measures taken to combat the disease, numerous other factors such as improved environment, with better housing accommodation, better food and clothing, a purer milk supply, less spitting about in public places and so on, are responsible for the reduction. There is now a noticeable improvement in the way in which the public generally respond to advice in regard to Prevention of Infection.

Unfortunately the number of young adolescent Pulmonary cases remains high, as will be seen from the following table :—

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up	Total
Pulmonary												
Males ..	1	—	3	3	18	26	48	30	35	32	8	204
Females ..	—	1	—	4	19	27	40	16	11	5	4	127
Non-pulmonary												
Males ..	—	4	5	6	4	3	5	2	2	—	2	33
Females ..	—	8	8	8	2	1	7	1	1	1	2	39

Deaths.

Not only has the past year been remarkable for the reduction in the number of new cases of Tuberculosis ; there has also been a marked reduction in the number of deaths from this disease—a fall unprecedented in previous years. In 1933 there were 301 deaths from Tuberculosis. In 1934 the deaths numbered 238, a reduction of 21 per cent.

For many years past there has been a gradual decline, though one year would occasionally show a few more deaths than the preceding one (as can be seen by reference to Table 5 of Appendix VIII).

In 1904 there were 449 deaths from Tuberculosis in Leicester. By 1914, the figure had fallen to 361. An increase occurred during the war years, the highest being reached in 1917 with the figure of 421. Since then the decline has been fairly steady till the year under consideration when there was a sudden drop to the present figure of 238. The factors already mentioned as contributing to the reduction of Notifications also apply with regard to the deaths. One additional factor is worthy of mention—treatment by means of Collapse Therapy.

Phrenic Avulsion or Artificial Pneumothorax with regular refills over long periods of time to maintain the collapse, and so give rest to the lung, has proved of immense value in certain cases and undoubtedly has been the means of saving numerous lives. In many cases now successfully treated by this means, one would previously have given a very guarded prognosis. Treatment by Collapse Therapy generally means long periods of institutional treatment and Dr. Mackenzie's aim has been to retain these patients in Sanatorium till their sputum remains negative, i.e., till they cease to be infective. If only all infective cases could be retained in institutions until they are free from infection the number of new cases would be very much reduced and the decline in the deaths much more rapid. It is for this reason that I have persistently advocated that greater provision should be made for the institutional treatment of advanced and highly infective cases who, where they are a source of danger to others, should be kept in institutions until they die.

Of the total 238 deaths in 1934, 219 were due to Pulmonary and 19 to Non-pulmonary Tuberculosis. For the preceding year the figures were 269 Pulmonary and 32 Non-Pulmonary. There has therefore been a reduction of 18.5 per cent. Pulmonary and 40.6 per cent. Non-pulmonary deaths.

Fifteen children under 15 years of age are included in the 238 deaths. Of these 6 died from Pulmonary and 9 from Non-pulmonary Tuberculosis. In 1933, the deaths of children under 15 years of age totalled 33 (12 Pulmonary and 21 Non-pulmonary).

The total number of deaths from Tuberculosis in previous years is given in Table 5 (Appendix VIII).

An analysis of the **Pulmonary** deaths which occurred during 1934 shows, in the first portion of the following tables those who had had institutional treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had institutional treatment. In the third portion details are given of those who were never examined at the Dispensary—chiefly patients in other institutions, e.g., Mental Hospital, Royal Infirmary, &c. Included here are also those better class patients who did not desire examination at the Dispensary.

ANALYSIS OF DEATHS.

Pulmonary Cases having had Institutional Treatment.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases 15	2	—	—	4	2	—	—	—	7
T.B. + ve Stage I. 41 ..	—	—	1	1	1	—	4	6	28
T.B. + ve Stage II. 79 ..	3	2	4	11	15	15	7	6	16
T.B. + ve Stage III. 38 ..	15	—	1	10	3	5	1	—	3
Total 173	20	2	6	26	21	20	12	12	54

Of the total 173 recorded in this table 38 were treated at both Groby Road Sanatorium and the City General Hospital. 104 were treated at Groby Road Sanatorium only and 31 at the City General Hospital only.

Pulmonary Cases not having had Institutional Treatment.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases. 2	1	—	—	—	—	—	—	—	1
T.B. + ve Stage I 5 ..	—	—	—	—	1	1	—	1	2
T.B. + ve Stage II. 10 ..	2	—	—	2	2	2	1	1	—
T.B. + ve Stage III. 7 ..	4	2	—	—	1	—	—	—	—
Total 24	7	2	—	2	4	3	1	2	3

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within 1 month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
7	5	1	—	—	—	—	—	—	1

These tables account for 204 deaths. In addition there were 15 deaths of patients who had never been notified as suffering from Tuberculosis. This gives the total of 219 Pulmonary deaths.

An analysis of the Non-pulmonary deaths shows that a large proportion (13 out of 19) were due to an acute form of Tuberculosis, viz., Tuberculous Meningitis. Nine of these had been in contact with a notified case of Pulmonary Tuberculosis.

Of the remaining 6 surgical deaths, 2 were due to Tuberculosis of Bones and Joints, 3 to Abdominal Tuberculosis and 1 to other organs.

Dispensary Register.

In the Dispensary Register (not to be confused with the Notification Register) are entered the names of all patients examined at or in connection with the Dispensary. Many of those examined are, of course, found to be non-tubercular. Others have to be examined repeatedly before one can come to a definite decision. As soon as a negative decision is arrived at the name is crossed off the Register. Similarly (as in the case of the Notification Register) the names of those who remove to other areas outside the City boundary are taken off, and an intimation is sent to the Medical Officer of Health of the district to which they remove. Also on the death or recovery of a patient the name is removed, so that the Register, which is kept thoroughly up to date, contains the names of all tubercular patients as long as they are under dispensary supervision.

Recovered Cases.

During the past year it has been possible to remove the names of 479 patients from the register as having "recovered." Of these 448 were Pulmonary and 31 were Non-pulmonary. The Pulmonary Cases had remained free from signs of active disease for not less than 5 years.

235 were adults, of whom 63 had at one time had Tubercle Bacilli in the sputum and 213 were children of whom 13 had also had a "positive" sputum.

All the Non-pulmonary cases had remained free from active trouble for not less than 3 years. In 17 cases the trouble was in the bones and joints and most of them had received treatment from Mr. Morris (the Orthopaedic Surgeon) or his predecessor, Mr. Lawson. In 4 cases the disease was in the abdominal organs, in 4 in the peripheral glands and in 4 in the other organs.

It is interesting to note that of the 1,166 patients discharged as "recovered" during the past 5 years only 27 have broken down and been taken on again with active signs.

The following tables made out for the Ministry of Health from information contained in this Register for the year 1934, and containing information as to the condition of patients previous to 1926, and for each subsequent year, should prove of considerable interest.

ANALYSIS OF CASES ON DISPENSARY REGISTER.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New Cases examined during the year excluding contacts:—													
(*a*) Definitely Tuberculous ..	149	80	1	4	15	12	10	18	164	92	11	22	289
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	8	21	15	9	53
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	156	150	48	51	405
B. Contacts examined during the year:—													
(*a*) Definitely Tuberculous ..	5	3	—	—	—	—	1	—	5	3	1	—	9
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	1	2	9	5	17
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	71	136	200	161	568
C. Cases written off Dispensary Register :—													
(*a*) Recovered ..	100	135	119	94	5	7	8	11	105	142	127	105	479
(*b*) Non - Tuberculous ..	—	—	—	—	—	—	—	—	246	294	259	226	1025
D. Number of Cases on Dispensary Register on December 31st :													
(*a*) Definitely Tuberculous ..	662	630	216	180	56	53	70	66	718	683	286	246	1933
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	26	38	46	48	158

1. Number of cases on Dispensary Register on January 1st	2,527	2. Number of cases transferred from other areas and cases returned after discharge	105
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	181	4. Cases written off during the year as dead (all causes)	197
5. Number of attendances at the Dispensary ..	12,318	6. Number of Insured Persons under Domiciliary Treatment on December 31st	255
7. Number of consultations with medical practitioners. (a) Personal .. .. (b) Other	 87 499	8. Number of visits by Tuberculosis Officers to homes of patients for the purpose of examination	447
9. Number of visits by Nurses to homes for Dispensary purposes ..	7,933	10. Number of : (a) Specimens of sputum .. .. .. (b) X-ray examinations made in connection with Dispensary work	 1,309 1,021
11. Number of "recovered" cases restored to the Dispensary Register ..	5	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	758

Register and (b) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.					1926.					1927.					1928.					1929.				
				Class T.B. plus.					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.			
			Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M	23	10	3	1	14	2	1	1	–	2	6	3	1	–	4	7	6	3	–	9	5	11	2	—	13
		Adults F	24	7	3	1	11	4	1	1	–	2	8	1	1	1	3	10	8	2	–	10	17	5	4	—	9
		Children	27	5	2	–	7	12	–	1	–	1	26	1	–	–	1	32	–	–	–	—	55	1	—	—	1
	Disease not arrested.	Adults M	7	10	8	2	20	3	3	–	1	4	1	3	4	–	7	1	1	4	–	5	—	14	9	—	23
		Adults F	8	11	8	2	21	1	1	3	–	4	—	3	2	–	5	—	9	3	1	13	4	8	3	1	12
		Children	4	4	–	–	4	1	–	–	–	—	—	–	–	–	—	—	–	–	–	—	4	1	—	—	1
	Condition not ascertained during the year		75	10	4	–	14	41	2	1	1	4	31	3	1	–	4	28	3	2	–	5	18	10	—	—	10
	Total on Dispensary Register at Dec. 31st		171	57	28	6	91	64	8	7	2	17	72	14	9	1	24	78	27	14	1	42	103	50	18	1	69
(b) Not now on Dispensary Register and reasons for removal.	Discharged as recovered.	Adults M	—	–	–	–	518	18	3	4	1	8	26	5	1	–	6	32	7	3	–	10	5	7	2	—	9
		Adults F	—	–	–	–	534	25	5	1	–	6	33	1	–	–	1	43	5	5	–	10	24	9	1	—	10
		Children	—	–	–	–	873	69	6	1	–	7	85	–	–	–	—	84	–	3	–	3	31	1	—	—	1
	Lost sight of or otherwise removed from Dispensary Register		—	–	–	–	1745	133	22	13	6	41	172	15	7	9	31	106	22	2	2	26	79	27	10	—	37
	Dead.	Adults M	—	–	–	–	1385	24	25	36	32	93	53	22	39	17	78	19	20	30	15	65	15	33	45	16	94
		Adults F	—	–	–	–	1053	24	19	25	30	74	34	7	26	25	58	18	17	23	11	51	13	15	27	12	54
		Children	—	–	–	–	406	6	–	2	–	2	6	–	–	1	1	4	–	–	1	1	5	2	1	—	3
	Total written off Dispensary Register		—	–	–	–	6514	299	80	82	69	231	409	50	73	52	175	306	71	66	29	166	172	94	86	28	208
GRAND TOTALS			—	–	–	–	6605	363	88	89	71	248	481	64	82	53	199	384	98	80	30	208	275	144	104	29	277

PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

	Condition at the time of the last record made during the year to which the return relates.			1930.					1931.					1932.					1933.					1934				
					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.					Class T.B. plus			
				Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults	M	28	17	2	—	19	20	28	2	—	30	9	4	3	—	7	—	—	—	—	—	—	—	—	—	—
			F	45	10	2	—	12	35	13	2	—	15	12	5	1	—	6	—	—	—	—	—	—	—	—	—	—
		Children		50	1	—	—	1	27	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Disease not arrested.	Adults	M	2	14	5	1	20	—	15	11	1	27	12	24	11	4	39	25	25	23	3	51	27	30	52	12	94
			F	1	9	7	1	17	8	13	7	—	20	12	10	13	1	24	26	23	28	6	57	26	13	29	2	44
		Children		3	—	—	—	—	1	—	—	—	—	2	1	—	1	2	3	1	—	—	1	4	1	—	—	1
	Condition not ascertained during the year			27	11	2	—	13	18	8	2	1	11	8	4	—	—	4	7	—	—	—	—	—	—	—	—	—
	Total on Dispensary Register on Dec. 31st			156	62	18	2	82	109	77	24	2	103	59	48	28	6	82	61	49	51	9	109	57	44	81	14	139
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of or otherwise removed from Dispensary Register			42	15	11	1	27	26	4	11	—	15	16	12	10	2	24	13	3	5	—	8	1	—	2	1	3
	Dead.	Adults	M	22	31	39	17	87	15	24	31	8	63	6	18	35	19	72	3	7	31	27	65	4	2	12	14	28
			F	5	15	16	13	44	9	19	29	14	62	13	11	19	15	45	9	4	23	26	53	3	1	3	3	7
		Children		1	—	—	—	—	2	1	2	—	3	3	—	—	1	1	2	—	—	1	1	—	—	—	—	—
	Total written off Dispensary Register			70	61	66	31	158	52	48	73	22	143	38	41	64	37	142	27	14	59	54	127	8	3	17	18	38
	GRAND TOTALS ..			226	123	84	33	240	161	125	97	24	246	97	89	92	43	224	88	63	110	63	236	65	47	98	32	177

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.					1926.					1927.					1928.					1929.				
			Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults M	1	—	1	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
		Adults F	—	—	—	—	—	1	—	—	—	1	—	—	—	1	1	3	1	1	—	5	—	—	—	—	—
		Children	5	1	—	1	7	—	1	—	—	1	2	—	—	1	3	1	2	—	—	3	2	—	—	—	2
	Disease not arrested.	Adults M	1	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F	—	—	—	—	—	—	—	1	—	1	1	—	1	—	2	—	—	—	1	1	1	1	—	1	3
		Children	1	—	—	—	1	—	—	—	—	—	2	—	1	—	3	1	—	—	—	1	2	1	—	2	5
	Condition not ascertained during the year		4	—	—	—	4	2	1	—	1	4	2	1	—	—	3	3	—	1	—	4	1	2	—	—	3
	Total on Dispensary Register on Dec. 31st		12	1	3	1	17	3	2	2	1	8	7	1	2	2	12	8	3	2	1	14	7	4	—	3	14
Transferred to Pulmonary ..			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	—	—	—	—	26	2	—	—	—	2	—	—	—	—	—	2	1	—	1	4	—	—	—	4	4
		Adults F	—	—	—	—	48	—	—	—	—	—	2	1	1	—	4	2	4	1	1	8	—	—	—	—	—
		Children	—	—	—	—	63	9	1	2	1	13	4	8	4	5	21	5	2	—	6	13	1	3	—	3	7
	Lost sight of or otherwise removed from Register ..		—	—	—	—	88	8	3	3	9	23	6	4	1	2	13	8	3	2	5	18	8	1	2	6	17
	Dead.	Adults M	—	—	—	—	98	4	1	2	—	7	2	2	—	1	5	2	1	1	1	5	3	—	1	—	4
		Adults F	—	—	—	—	155	—	—	—	—	—	1	—	1	—	2	2	3	—	1	6	—	1	1	—	2
		Children	—	—	—	—	175	—	—	1	—	1	—	—	—	1	1	1	1	—	—	2	1	2	—	—	3
	Total written off Dispensary Register		—	—	—	—	653	23	5	8	10	46	15	15	7	9	46	22	15	4	15	56	13	7	4	13	37
GRAND TOTALS .. .. .. (excluding those transferred to Pulmonary)			—	—	—	—	670	26	7	10	11	54	22	16	9	11	58	30	18	6	16	70	20	11	4	16	51

Condition at the time of the last record made during the year to which the return relates.			1930.					1931					1932.					1933.					1934.				
			Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults M	3	1	–	—	4	1	3	1	1	6	7	–	–	—	7	3	–	2	—	5	2	–	–	1	3
		Adults F	2	–	–	1	3	4	1	1	—	6	—	1	1	—	2	2	1	–	1	4	—	–	–	2	2
		Children	6	–	–	5	11	3	1	–	1	5	3	2	2	9	16	6	1	2	5	14	1	3	–	5	9
	Disease not arrested.	Adults M	1	–	–	—	1	1	–	–	—	1	1	–	–	—	1	—	–	1	1	2	3	–	7	2	12
		Adults F	—	–	–	—	–	—	–	–	—	–	2	1	–	—	3	1	1	–	—	2	5	1	2	2	10
		Children	—	–	–	1	1	3	–	–	—	3	4	–	–	—	4	6	–	–	2	8	9	3	1	7	20
	Condition not ascertained during the year		1	1	1	—	3	1	2	1	2	6	—	–	1	1	2	2	–	1	1	4	—	–	–	—	—
	Total on Dispensary Register on December 31st		13	2	1	7	23	13	7	3	4	27	17	4	4	10	35	20	3	6	10	39	20	7	10	19	56
Transferred to Pulmonary ..			1	–	–	—	–	—	–	–	1	–	—	–	–	—	–	—	–	–	—	–	—	–	–	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	—	–	–	1	1	—	–	–	1	1	—	–	–	—	–	—	–	–	—	–	—	–	–	—	—
		Adults F	2	–	1	—	3	1	–	–	—	1	—	–	–	—	–	—	–	–	—	–	—	–	–	—	—
		Children	3	1	–	1	5	—	1	–	—	1	—	–	–	—	–	—	–	–	—	–	—	–	–	—	—
	Lost sight of or otherwise removed from Dispensary Register		1	2	–	2	5	6	2	–	2	10	6	2	–	1	9	1	2	–	1	4	—	–	–	—	—
	Dead.	Adults M	—	1	1	1	3	2	1	–	—	3	—	1	–	—	1	1	–	–	—	1	—	–	–	—	—
		Adults F	—	3	–	—	3	1	–	–	1	2	—	–	–	—	–	—	–	–	—	–	—	–	–	—	—
		Children	2	1	–	1	4	1	2	–	—	3	—	1	–	—	1	—	–	1	—	1	—	–	–	—	—
	Total written off Dispensary Register		8	8	2	6	24	11	6	–	4	21	6	4	–	1	11	2	2	1	1	6	—	–	–	—	—
GRAND TOTALS .. .. .. (excluding those transferred to Pulmonary)			21	10	3	13	47	24	13	3	8	48	23	8	4	11	46	22	5	7	11	45	—	–	–	—	—

Other tables, giving information as to the age periods, sex, occupation, &c., will be found on pages 192-196.

Tuberculosis Dispensary as the "Centre for Diagnosis."

The Tuberculosis Dispensary continues to hold its place as the "Centre for Diagnosis," and doctors have no hesitation in sending patients whenever they have any doubts as to the presence or absence of Tuberculosis. Notes from 104 different doctors requesting an opinion on 499 cases were received and dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

An investigation has shown that 81 per cent. of all notified cases had either been sent to the Dispensary for an opinion or had had their sputum sent for examination, before they were notified.

Clinical Examinations.

Altogether 4,430 clinical examinations were made as compared with 4,335 the previous year. Particulars are as follow :—

	Men	Women	Children	Total
First examinations	356	382	484	1,222
Re-examinations	1,177	1,198	833	3,208
Totals	1,533	1,580	1,317	4,430

"Contact" Examinations.

It was stated in last year's report that a strong effort was being made to increase the number of "Contacts" examined. Fortunately, during the past year, owing to the reduction in the number of New Cases with whom we had to deal, more time has been available for the examination of those persons who had been in contact with tubercular patients. In 1932, 231 "Contacts" were examined. In 1933, this number was rather more than doubled, 468 being examined. In 1934, the figures were increased to 552, about 25 per cent. more than the total notifications.

It is often difficult to get "Contacts" to submit to examination, especially adults, as it may mean their being away from work for an hour or two. But everyone who has been living in contact with an infectious case ought to be examined. By regular examination and re-examination of Contacts, it is possible to detect patients in an early stage of the disease when their prospects of recovery are good, and it occasionally happens that one finds the original infecting source when all steps possible are taken to prevent others being infected.

Of the 552 "Contacts" examined, 9 were found to be definitely tubercular and 17 are still regarded as being suspicious and under observation.

Bacteriological Examinations.

Bacteriological examinations to the number of 1,438 have been made for the tubercle bacillus, as compared with 1,600 in 1933. Of these 483 were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to a doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners	91	392	483
From Patients examined at the Dispensary	341	612	953
Specimens other than sputum ..	—	2	2
Total ..	432	1,016	1,438

Radiological Examinations.

The value of Radiology as an aid in the diagnosis of tubercular disease, both surgical and pulmonary, cannot be overestimated. By its means, one can often detect lesions which are not revealed on clinical examination, and it shows more clearly than can clinical examination the exact extent and type of the disease. It is of great value in giving a prognosis, as well as in deciding the method of treatment which should be adopted. A series of "X-rays" shows clearly whether progress is satisfactory or otherwise. For such reasons as these much greater use has been made of Radiology during the past year. All such examinations are made at the Sanatorium to which in 1934 1,021 patients were sent. The figure for 1933 was 694, so there has been an increase of 47 per cent. Whenever possible it is customary to have a final X-ray examination made before removing patient's name from the register as recovered.

Patients Passed for Sanatorium Treatment.

The Medical Superintendent of the Sanatorium (Dr. Mackenzie) and the Tuberculosis Officer meet at the Dispensary each Monday afternoon and interview and select, from those patients examined during the previous week, cases for Sanatorium Treatment. During the past year 357 patients were passed for a course of Sanatorium Treatment : 280 adults (of whom 5 were surgical), 14 children (surgical cases), and 63 children (pulmonary cases). In 1933 the total was 462, being 361 adults (of whom 4 were surgical), 9 children (surgical cases) and 92 children (pulmonary cases).

Unfortunately, owing to an epidemic of Scarlet Fever in the City and the need for additional beds, it was found necessary to discharge the children from Anstey Lane Sanatorium, and use the beds for Scarlet Fever cases. This change was made at the beginning of September, since which time we have not had the use of Anstey Lane Sanatorium for those children of tubercular parents with symptoms of pulmonary trouble.

Two of the adult pulmonary cases treated in Sanatorium in 1934 had previously been treated at Anstey Lane Sanatorium as children.

Owing to our limited accommodation, many patients who desired admission or re-admission to Sanatorium had to be refused. The waiting list is carefully studied each week before deciding whether a patient can be admitted (or re-admitted) to Sanatorium. Often we have had to keep patients on the waiting list for several weeks or even months, to the serious detriment of their health, before they could be admitted to Sanatorium.

During the past year, as in the preceding one, if delay was likely to prove injurious, instead of putting names on the waiting list, when we have known that a considerable time must elapse before the patient could be admitted to Sanatorium we have preferred to recommend their admission to the City General Hospital, pointing out that that institution is now under the care of the Health Committee, just as is the Sanatorium.

Patients Passed for Treatment at the City General Hospital.

In June, 1931, it was decided by the Health Committee that cases of Tuberculosis could only be admitted to the City General

Hospital if recommended by the Tuberculosis Officer. Previous to this, a recommendation by the general practitioner was all that was required, and it occasionally happened that patients who had never been notified as suffering from Tuberculosis, and were therefore unknown to this Department, were admitted. During the past year the Tuberculosis Officer has recommended 173 tubercular patients for admission to and treatment at the City General Hospital. This number includes 28 Non-pulmonary cases of which those suffering from Tuberculosis of the Bones and Joints were sent to the Orthopaedic Ward under the care of Mr. Morris. There were 145 cases of Pulmonary Tuberculosis, some of whom were acutely ill and required immediate attention. Others were advanced or dying cases who could not be dealt with at Groby Road Sanatorium. It is satisfactory to report that it has always been possible to have patients admitted immediately to the City General Hospital. On their discharge a report on their condition is sent to the Tuberculosis Officer by the Medical Superintendent.

Patients on Dispensary Treatment.

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, &c., so that only those patients not so provided for are dealt with at the Dispensary. During the year 174 patients received weekly treatment at the Dispensary, and at the end of the year there were 106 patients attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from Sanatorium or the City General Hopsital are advised to attend the Dispensary once a week in order that they may be kept under careful supervision. When fit for school an intimation is sent to the School Medical Officer.

Attendances.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 12,318 (as compared with 12,093 in 1933), a weekly average of nearly 250.

Domiciliary Treatment.

Those insured persons under the State Insurance who, for one reason or another, do not receive Sanatorium Treatment, besides others discharged from the Sanatorium, are recommended for

"Domiciliary Treatment" under their panel doctors. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by the doctor to the Tuberculosis Officer. During the year, 398 patients received Domiciliary Treatment, and at the end of the year, 255 insured persons were receiving such treatment. Five hundred and sixty-one quarterly reports were sent in regarding patients under Domiciliary Treatment.

Visits.

There are three nurses on the Dispensary staff who spend about one third of their time indoors and two thirds outdoors visiting newly notified cases beside all those patients whose names are on the Dispensary Register. As one nurse is constantly required for the indoor work, only two nurses can be visiting at a time. They give advice, both verbal and printed, to each patient and obtain full particulars as to the home conditions, contacts, &c. Their total visits for the year amounted to 8,341 as compared with 8,037 in 1933. In order to ensure regular visitation to each patient the card index system was adopted for each nurse.

The number of visits paid by the Tuberculosis Officers for the purpose of examination was 447 as compared with 388 in 1933.

Nursing of Bedridden and Surgical Cases.

The Health Committee, by an arrangement with the District Nursing Association, provides the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those Surgical cases in need of dressings, &c. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 94 received assistance in this way. Altogether, 5,079 visits were paid at a total cost of £253 19s. 0d. The figures in the previous year were 4,942 costing £247 2s. 0d.

Sleeping Shelters.

Seven ex-Sanatorium patients have had the use of sleeping shelters, one for over 7 years, one for over 3 years, one for over 2 years, one for over twelve months and 3 for under twelve months.

Most of the original sleeping shelters, which had been in use for many years and were completely worn out, were replaced by new ones obtained from the Papworth Industries.

Unfortunately those persons most requiring shelters very often have not the necessary ground on which they could be erected.

Additional Nourishment.

The Health Committee grant milk to necessitous cases, under arrangements made by the Ministry of Health. They can do so up to a sum not exceeding £2 per 1,000 of the population per annum.

In April, 1927, the Committee decided to purchase only Grade A (T.T.) milk and this has been obtained ever since for this purpose.

Mr. Councillor C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 116 persons were granted milk (as compared with 139 in 1933) free of charge, at a total cost of £307 13s. 2d. Last year the total was £391 8s. 9d., and the figure for 1932 was £393 4s. 5½d.

At the end of the year 48 patients were in receipt of a daily allowance of free Grade A (T.T.) milk.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, &c., might well have been included under the term "After-Care." A very important branch of the work consists in looking after patients after their discharge from Sanatorium.

The After-Care Committee, of which Alderman Hincks is the Chairman, meets once a quarter and deals with the reports from the Tuberculosis Officer and each of the Nurses.

We have at the present time 2,191 patients with signs of tubercular disease on our Dispensary Register. Our endeavour is to keep in touch with each of these patients by visitation by the nurses and regular examination at the Dispensary as long as their names remain on the Register.

It is found that patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways. Thirty-five patients were given the use of air-rings.

The problem of suitable work for tubercular patients still confronts us. Many of these patients are only fit for light work and cannot be depended upon to turn up with the same regularity as healthy individuals, so one cannot blame employers for hesitating to engage them. Light outdoor work such as might be suitable for many of them is extremely difficult to obtain and is almost always unremunerative, so for a married man with dependents is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

From the After-Care Fund we have been able to assist 18 patients with clothing, dentures, &c., at a total cost of £22 15s. 6d. In addition to this, thanks to numerous parcels of clothing received by our Nurses, many other patients in poor financial circumstances have been helped.

As in previous years, a large number of Xmas toys were received from Mr. Lidster, Rector of Aylestone Church, and distributed amongst our poorer class children, by whom, needless to say, they were greatly appreciated.

WYVILLE S. THOMSON.

APPENDIX II.

Report on the Isolation Hospital and Sanatorium for the year 1934

By J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)
Medical Superintendent.

I herewith submit the Annual Report on the work of the Hospital for the year 1934.

Table A at the end of this Report shows the number of cases of the various diseases admitted, discharged and died during the year.

In the following tables dealing with the individual diseases, the crude figures have been adjusted by allowing for altered diagnosis.

SCARLET FEVER.

GENERAL STATISTICS.

Cases discharged	912
Altered diagnosis	91
Verified cases	821
Deaths	3
Case mortality	0.36 per cent.
Concurrent Infections on admission :	
Scarlet Fever and Chickenpox	5
Scarlet Fever and Measles	9
Scarlet Fever and Whooping Cough	1
Scarlet Fever and Nasal Diphtheria	1
Cross Infections :	
With Measles	2
,, Rubella	2
,, Nasal Diphtheria	3
Return cases	22
Return case rate	2.6 per cent.

COMPLICATIONS.

Otorrhoea	37
Albuminuria	10
Endocarditis	1
Rhinorrhoea	41

Adenitis	33
Stomatitis	1
Abscesses	8
Minor Sepsis	31

During the year there was a very marked increase in the number of cases of Scarlet Fever admitted to the Hospital ; the highest number admitted since 1928.

The accommodation of the Hospital was severely taxed, additional beds had to be added to the Wards, and Anstey Lane Children's Hospital was requisitioned for the treatment of Scarlet Fever.

Fortunately the type of disease was mild, three deaths occurred, but in each case the primary cause of death was not Scarlet Fever.

The deaths are analysed below :—

(1) D.D. Age 4.

Admitted on 20/9/34 suffering from Broncho-Pneumonia following Measles.

The child was also infected with Scarlet Fever.

Death occurred from Broncho-Pneumonia on 30/9/34.

(2) J.W. Age 3.

Admitted on 24/9/34 suffering from Scarlet Fever and acute Miliary Tuberculosis.

The child died on 28/9/34 from the Tuberculous condition.

(3) F.W. Age 47.

Admitted in a moribund state on 10/11/34, she was suffering from Scarlet Fever and Cardiac failure.

Death occurred on the following morning from fatty degeneration of the heart.

Considering the number of children admitted with Infectious Diseases throughout the year we were fortunate in having a low rate of cross infection.

Cross infections against Measles and Diphtheria were suitably controlled by the use of Convalescent Serum in the former disease, and Schick Testing combined with passive immunisation in the latter.

On the whole the type of disease was mild and the complications were accordingly low.

The most troublesome complication was Otorrhoea, this occurred in 37 cases, the majority of whom had previous history of ear discharge ; it was possible in all cases to have the ears dry for 7 days prior to discharge.

Treatment.

Scarlet Fever Antitoxin continued to be administered in selected cases with good results.

The policy of administering this Antitoxin intravenously only to the acutely ill cases was continued. The routine method of administration was the intramuscular route.

Antitoxin was not given to the very mild cases, and to cases admitted late in the disease, i.e., the 5th or 6th day.

The following table shows the number of patients receiving Antitoxin, and the number of complications occurring in each group :—

	No. of Cases.	No. of Complications.
Number of cases receiving antitoxin intravenously	1	—
Number of cases receiving antitoxin intramuscularly	680	79
Number of cases receiving no antitoxin ..	140	83

The policy of early discharge of Scarlet Fever patients was continued ; uncomplicated serum cases were discharged after fourteen days' residence in Hospital. These early discharge cases were examined at an Out-Patient Clinic one week after discharge ; this policy continued to give satisfactory results.

There was no marked increase in the return case rate, and only 28 cases were re-admitted from the Out-Patient Clinic for further investigation and treatment.

The conditions for which they were returned to hospital were :—

Observation (no pathological condition found)	12
Recurrent Otorrhoea	3
Adenitis	4
Minor Sepsis	8
Pyelitis	1

DIPHTHERIA.

Cases discharged	**417**
Altered diagnosis	**64**
Verified cases	**353**
Deaths	**16**
Case mortality	**4.53 per cent.**

Concurrent Infections on Admission.

Diphtheria and Measles	3
,, ,, Scarlet Fever	3
,, ,, Rubella	1

Cross Infections.

With Scarlet Fever	6

COMPLICATIONS.

Paralysis of Heart (*a*) Severe	8
Paralysis of Heart (*b*) Slight	44
Paralysis of Palate	17
Paralysis of Ocular Muscles	13
Broncho-pneumonia	2
Otorrhoea	16
Laryngeal Diphtheria	36
Recovered	27
Tracheotomy	15
Recovered	9

Schick tests.

Positive	29
Negatives	43

Active Immunisation	23

Virulance Tests.

Positive	4
Negative	39

Table showing Mortality in Severe Cases.

Type of Disease.	Number of Cases.	Deaths.	Mortality of the Group.
Group A. Early	10	2	
Late ..	4	3	35.7 per cent.
Group B	37	2	5.4 per cent.
Laryngeal ..	36	9	25% per cent.

Group A.	*Early.*	Malignant, with thin rapid spreading membrane.
	Late.	Extensive membrane, with late toxic symptoms, admitted after third day of disease.
Group B.		Moderately toxic cases.
Laryngeal.		Respiratory symptoms predominate.

353 verified cases of Diphtheria were discharged with 16 deaths. The case mortality rate was 4.5 per cent. and excluding deaths from Laryngeal Diphtheria the case mortality rate was 1.9 per cent. An analysis of the deaths is shown in the above table.

It is a noteworthy fact that the 5 deaths in Group A all occurred within 12 hours of admission to hospital. These patients were extremely ill and toxic, and died from early heart paralysis.

In the deaths from Laryngeal Diphtheria, 3 of the cases died from exhaustion, following an obstruction of the lower part of the respiratory passage which was not completely relieved by tracheotomy.

Treatment.

As formerly, the intensive serum treatment of Group A and Group B cases was carried out during the year. The average dose for the Group A cases being 100,000 to 150,000 units of anti-diphtheria serum intravenously. For this group of cases the total dose of serum was given on the day of admission, the policy of interrupted doses being wasteful and unsatisfactory, consequently, care and attention was given to assessing the initial dosage for each individual case.

It is now being held that the varying clinical types of Diphtheria are produced by different varieties of Diphtheria organisms. Three different types of Diphtheria organisms have now been recognised, called "gravis," "intermediate" and "mitis." The clinical type of disease is dependent on the type of organism with which the patient is infected, and the relative immunity of the patient to Diphtheria.

In some of the Northern towns, notably Sheffield and Hull, there has been a marked prevalence of the "gravis" types associated with a relatively high death rate from Diphtheria.

In Leicester, there has been no sudden increase in the severity of the disease and there has been no marked increase in the mortality rate, but the policy of intensive serum treatment which we have adopted for some years has been a very material factor in reducing the death rate from this disease.

During the year a start was made in the typing of Diphtheria germs and more details of the prevalent type of infection in Leicester will be given in next year's report.

Schick tests were performed on 72 cases. This test was necessary in many cases to distinguish between the disease and the carrier state. A patient with a positive swab and a negative Schick test can be considered a carrier and treated accordingly. Furthermore, a positive swab does not always indicate Diphtheria, a virulence test is necessary to distinguish whether the germ is disease producing or not. During the year 43 virulence tests were performed.

MEASLES.

Cases discharged	46
Altered diagnosis	2
Verified cases discharged	44
Deaths	3

COMPLICATIONS.

Broncho-pneumonia	7
Acute otitis media	2
Mastoiditis	1
Stomatitis	2
Bronchitis	6

OPERATIONS.

Mastoid operation	1

DEATHS.

(1) Child aged 1½ years. Death 9 days after admission with Broncho-pneumonia.
(2) Child aged 2 years 11 months. Died with Broncho-pneumonia 3 days after admission.
(3) Child aged 2 years 7 months. Died 7 days after admission with Broncho-pneumonia.

Unfortunately, with our limited accommodation for infectious diseases it was only possible to admit a relatively small number of cases of Measles. The cases admitted were selected ; debilitated children and complicated cases of Measles having preference in admission.

One of the Nursing Staff developed Measles in the Scarlet Fever Ward, cross infection from the infected Nursing Staff was immediately controlled by the use of convalescent Measles serum.

During the year, a stock of convalescent Measles serum was collected, mainly from members of our Staff and the Staff of other Institutions who were admitted with Measles.

I now have a sufficient stock of convalescent serum prepared in 5 c.c. ampoules in preparation for the next epidemic of Measles.

PUERPERAL PYREXIA.

Verified cases discharged	34

ANALYSIS OF CASES.

Puerperal Sapraemia	21
,, Septicaemia	3
Septic Abortion	2
Acute Mastitis	3
Puerperal Scarlet Fever	1
Perineal Sepsis	2
Pyelitis and Secondary Anaemia	1
Pulmonary Tuberculosis	1

COMPLICATIONS.

Phlegmasia Alba Dolens	4
Parametritis	4
Peritonitis	3
Lung Abscess	1
Deaths (1 Peritonitis, 1 Peritonitis and lung abscess)	2

There was a notable increase in the number of cases of Puerperal Pyrexia treated at this Hospital during the year 1934. During the past 8 years the following numbers of cases have been discharged from Hospital ; 1, 4, 7, 13, 14, 14, 19 and 34 respectively. The analysis of the cases is shown in the above table.

As a routine measure all cases were investigated to elucidate the cause of the Pyrexia. In the majority of the cases the cause was due to some local sepsis.

Blood cultures were performed in every case to determine the presence of Septicaemia.

The method of treatment adopted was the same as in former years, namely, mild curettage followed by intrauterine glycerine drainage.

Scarlet Fever Antitoxin was also given to suitable cases.

Two deaths occurred, the cause of death in each case being general Peritonitis following Septicaemia.

Twenty babies were admitted with mothers and breast feeding was satisfactorily maintained.

The clinical notes of all cases were sent to the M. & C.W. Officer after discharge, in order that the patients and babies may be followed up by the appropriate Department.

CEREBRO SPINAL FEVER.

Cases admitted as Cerebro Spinal Fever	6
Verified as Cerebro Spinal Fever	4
Diagnosis altered to :	
Pneumococcal meningitis	(fatal) 1
Tonsilitis	1
Deaths	2

(a) Woman aged 51. Died 24 hours after admission. Moribund on admission and evidence of Cerebral Haemorrhage.

(b) Woman aged 42. Admitted on the 10th day of disease, made no response to serum treatment and died 4 days after admission.

As formerly, the usual treatment was the intravenous injection of large doses of antimeningococcal serum combined with daily drainage of the theca by lumbar or cisternal punctures.

Antimeningococcal serum was also given intrathecally.

Towards the latter end of the year Ferry's Meningococcal Antitoxin was tried, but the number of cases on which the serum was used were too small to draw any definite conclusions.

Other Infectious Diseases discharged during the year 1934.

	Recovered.	Died.	Total.
Erysipelas	44	3	47
Whooping Cough	11	0	11
Chickenpox	16	0	16
Pneumonia	4	1	5
Typhoid Fever	3	1	4
Scabies	15	0	15
Rubella	2	0	2
Mumps	1	0	1

With the epidemic of Scarlet Fever and Diphtheria our infectious disease accommodation was severely taxed. It was impossible to admit all infectious cases which were notified, in addition to those which in former years went to the City General Hospital. In view of our very restricted cubicle accommodation it was only possible to admit a selected number of cases.

TUBERCULOSIS.

Table E at the end of this Report shows the analysis of the Tuberculosis cases discharged during the year.

The principle of treatment of Pulmonary Tuberculosis was the same as that detailed in previous reports, namely, prolonged recumbency, together with the collapse therapy where possible. The policy was maintained of admitting the "adolescent" and "young adult" type of disease as an emergency case.

It is now recognised that the criterion for the discharge of patients is not only the improvement in the general condition and the negative sputum test, but the firm healing of cavities. The cavities are formed in the lungs as a result of the disease process, and the disease will never be arrested until the cavities are healed. It has been said that the whole treatment of Pulmonary Tuberculosis is the healing of cavities.

In the "adolescent" and "young adult" it is possible to heal certain cavities by prolonged recumbency, but the best method of all is "collapse therapy ; the simplest and most effective form of "collapse therapy" is Artificial Pneumothorax, where this measure is impossible the other alternatives are Phrenic Avulsion, Apicolysis and Thoracoplasty.

The last two operations are major operations which are not yet possible in Leicester, but we hope they will be in the near future.

The following table gives an analysis of the special treatment which was carried out for Pulmonary Tuberculosis during the year 1934.

Special Treatment for Pulmonary Tuberculosis.

Artificial Pneumothorax :

New cases induced Unilateral	44
,, ,, ,, Bilateral	2
Total	46
Refills (In-patients)	1725
,, (Out-patients)	1053
Total	1,778
Aspirations and Air replacements	146
,, ,, ,, Out-patients	38
Pleural Larage	18
Phrenic Avulsions	16
Gold injections	300
Blood examinations	641

Out-Patient Refill Clinic.

An Out-Patient Refill Clinic was held every Saturday morning. At this Clinic, Patients had their Pneumothorax Refills which were suitably controlled by Screen Examinations.

At three monthly intervals the patient was X-rayed, and his whole case was reviewed to consider his improvement and the possibliity of cessation of treatment.

During the year 1934, 1791 attendances were registered, 1053 Pneumothorax Refills and 38 Air Replacements being given.

Observation Cases.

Observation cases are doubtful cases of Tuberculosis, seen first at the Tuberculosis Dispensary, and requiring investigation in Hospital to establish the nature of the disease. Forty-four such cases were admitted for observation during the year, and in 6 cases a diagnosis of Pulmonary Tuberculosis was established.

Convalescent Sanatorium, "Home Place," Holt.

Table D at the end of this report gives an analysis of the cases discharged from this Sanatorium.

This beautiful seaside Convalescent Home continues to render valuable service in promoting healing, and the well-being, of patients selected for this form of convalescent treatment.

During the first six months of the year the Home was open for the treatment of men and boys, and the latter six months for women and children.

The cases selected for treatment at Home Place are initially admitted to Groby Road Sanatorium, and they are roughly divided into three groups :—

(a) The case likely to receive permanent healing by prolonged convalescence.

(b) The case which has become quiescent after special treatment and requires a change of atmosphere before returning to work.

(c) The case which requires Convalescence on the completion of Artificial Pneumothorax during the period the lung is expanding.

When it has been impossible to fill the number of vacancies with patients from the Sanatorium I have been assisted by the Tuberculosis Officer selecting cases from the Dispensary.

Non-Pulmonary Tuberculosis.

It is the policy of the Health Committee to ultimately transfer all Surgical Tuberculosis Cases to the City General Hospital. The accommodation is not yet sufficient to commence this measure.

During the year under review we continued to treat Surgical Tuberculosis in Ward 9, under the supervision of our Consulting Orthopaedic Surgeon, Mr. Leslie Morris, F.R.C.S.

Mr. Morris held an Out-Patient Clinic for old patients on the first Monday of every month. During the year 100 attendances were registered ; in connection with the work of this Department 63 plaster splints were made.

X-RAY DEPARTMENT.

	In-patients.	Out-patients.
Chest films	832	1070
Lipiodal examinations	35	—
Films of bones and joints	138	171
Screen examination (chest)	1085	1066

The work in this Department continues to increase. The increase is chiefly in the number of chest films taken throughout the year

Serial radiography of cases of Pulmonary Tuberculosis is responsible for the increased number of chest films ; as noted in previous reports serial radiography is of paramount importance in the observation and control of Pulmonary Tuberculosis.

As a routine measure every case of Tuberculosis was X-rayed every three months.

There was an increase in the number of patients attending our Out-patient Refill Clinic on Saturday mornings, and this is responsible for the increased number of Out-patient Films and Out-patient Screen examinations.

The chest films taken in the past three years for In-patients and Out-patients are as follow :—

	In-patients.	Out-patients.
1932	498	588
1933	787	798
1934	832	1070

During the year 1934, 35 Lipiodal Chest Examinations were carried out. The majority of these cases were in hospital for observation and a Lipiodal Examination was necessary to determine the nature of the chest lesion.

The X-ray Unit continues to give excellent and valuable results.

Ultra-Violet Light Department.

Carbon Arc and Mercury Vapour Light Baths :	Attendances.
1. Surgical Tuberculosis	540
2. Pulmonary Tuberculosis	60
3. Staff	74
4. Septic Conditions	8
	688

Laboratory Report.

Swabs for Diphtheria :		Positive.	Negative.
(*a*) Practitioners	1568	318	1250
(*b*) Wards	3485	640	2845
	5053	958	4095

Sputum examined for tubercle bacilli :			
(*a*) Out-patients	399	120	279
(*b*) In-patients	4454	1198	3256
	4853	1318	3535

Cerebro Spinal Fluids examined	26
Pleural Fluid	15
Widal Reactions	12
Blood Counts	13
Blood Cultures	7
Faeces Cultures	11
Faeces examined for T.B.	13
Urines examined for T.B.	6
Test Meal	1

Urine examined microscopically	57
Media manufactured in laboratory	4700
Sterile Swabs supplied to Health Office	1700
Post-mortem examinations	54

ANIMAL INOCULATIONS.

Specimens from Isolation Hospital :	
Pleural Fluids	28
Virulence in Diptheria	43
Fluid from Joints	4
Specimens from Health Department :	
Milk	159
Specimens from City General Hospital	6
,, ,, **Leicester Royal Infirmary**	3
,, ,, **School Clinic**	1
Milk Specimens from Cottage Homes	12
	256

Throughout the year there was an all-round increase in the work of the Laboratory. The increase in Diphtheria swabs is due to the epidemic of Diphtheria. The sputum examinations for tubercle bacilli increased from 3341 in 1933 to 4853 in 1934, the increase coming mainly from In-patients.

The Medical Superintendent and the Senior Resident Medical Officer continued to hold Home Office Licences for animal experimentation. The number of experiments performed throughout the year was 256.

STAFF.

In April, 1934, Dr. E. M. Ward was appointed Senior Resident Medical Officer and part-time Pathologist. Miss D. Lee was appointed Assistant Matron on the 15th July, 1934. Miss G. M. Hardy was appointed Sister Tutor and Home Sister on 20th April, 1934.

Staff Illness.

Prepatellar Bursitis	1 nurse	(recovered)
Tonsilitis	16 nurses 1 maid	,,
Rheumatic Fever	1 nurse	,,
Rheumatism	1 maid	,,
Diphtheria	2 nurses 1 maid	,,
Coryza	1 nurse	,,
Cystitis	1 ,,	,,
Scarlet Fever	2 ,,	,,
Appendicitis	1 ,,	,,
Erysipelas	1 ,,	,,
Erythema nodosum	1 ,,	,,
Rubella	2 ,,	,,

Immunisation of Nursing Staff against Diphtheria.

The Schick test was performed on 18 nurses. Eight nurses had a positive reaction and they were all actively immunised against Diphtheria.

BUILDING AND EQUIPMENT.

Roadways.

A new concrete roadway was made, 12 ft. wide, from the Boiler House to Ward 10.

The entrances and the roadway between Wards 3 and 4 were re-concreted.

Heating System.

Continuing the policy of previous years automatic heating and extra heating were introduced to Wards 1, 7 and 8. The obsolete fireplaces were removed from Ward 6 and steam radiators installed.

A Hot Plate was installed in Ward 4 kitchen, and Stott Water Boilers were introduced to Wards 1 and 2.

Lighting.

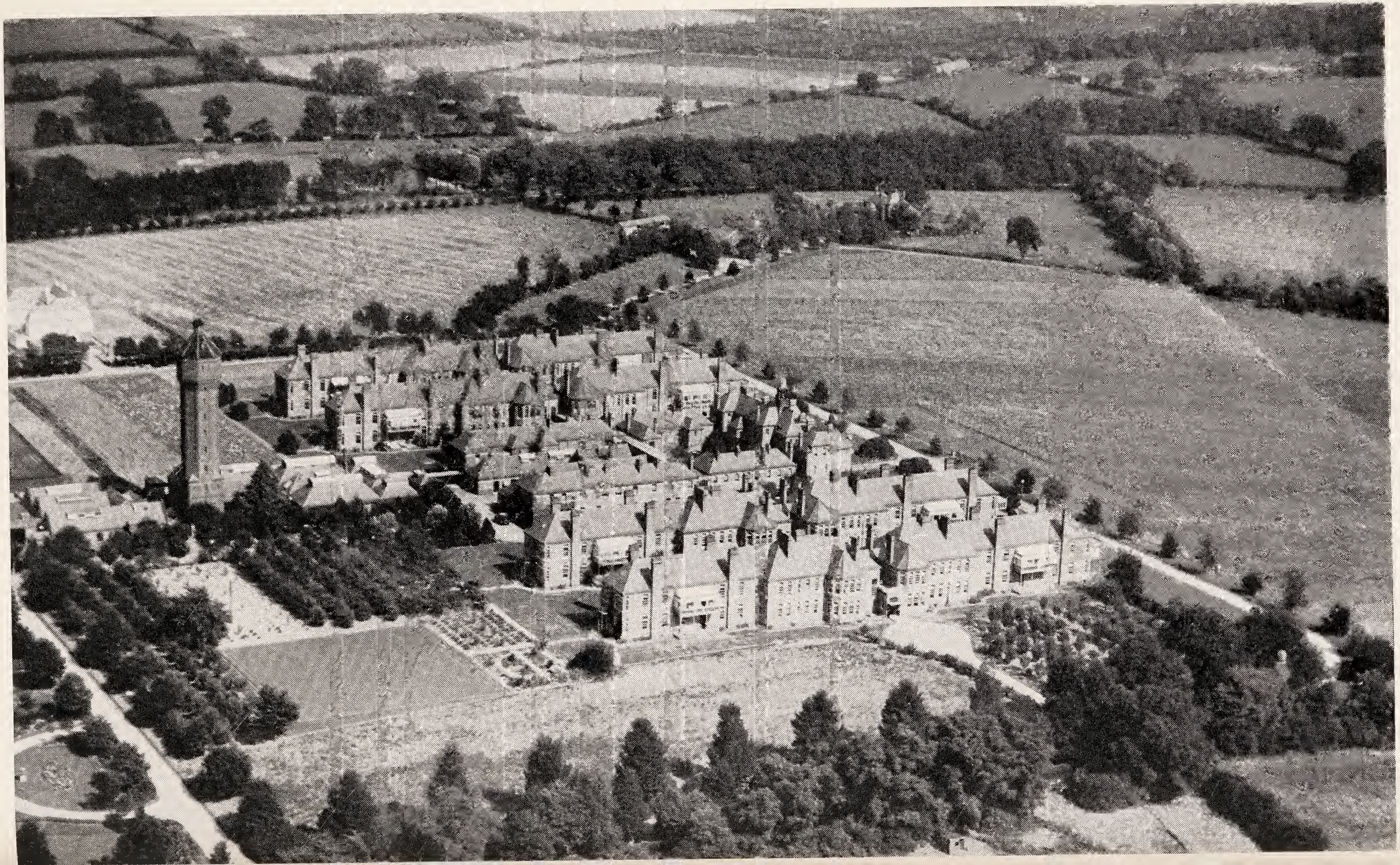
During the year 1934 electric lighting was installed throughout Anstey Lane Children's Hospital, replacing the obsolete gas system.

ORTHOPAEDIC DEPARTMENT.

In 1933 a unit was established in this Hospital for the construction of Orthopaedic Appliances. During the year the work in this Department has greatly increased, and in December, 1934, Mr. Heath was appointed to supervise the fitting and construction of splints.

GROUNDS.

Throughout the year the grounds continued their high standard of floral decoration and utility. Consequent upon the new roadway the opportunity was taken of removing trees and re-designing the lay-out of the east side of the Lily Pond Square.



APPENDIX III.

Report on the City General Hospital Leicester, for the year 1934

By

ERNEST C. HADLEY, M.D., B.S. (Lond.), F.R.C.S.E., etc.
Medical Superintendent, General Surgeon, Lecturer and Internal Examiner to Nurses.

This Hospital, which was opened for the reception of patients on September 28th, 1905, was "appropriated" by the Health Committee of the Leicester City Council under the Public Health Acts, 1875 to 1926, as extended by Section 14 (2) of the Local Government Act, 1929, on April 1st, 1930, from which date the hospital was re-named the "City General Hospital."

The area served by the Institution is :—

City of Leicester. Population—estimated 1933—241,500.

County of Leicester. To a limited extent, viz., County Public Assistance, and County Orthopædic and Surgical Tuberculosis cases.

The mode of admission and conditions of eligibility for treatment were altered from the date of appropriation, suitable cases being accepted at the discretion of the Medical Superintendent, on the recommendation of the patient's own doctor, a condition of admission being that the patient is normally resident within the City of Leicester ; it should be noted, however, that arrangements have been made with the County Authorities by which cases from the County can be treated, provided that the Medical Officer of Health for the County, or the Public Assistance Officer of the County, authorise and recommend such patients for treatment.

It should be noted also that, by arrangement with the Saturday Hospital Society and City General Hospital Committees, Saturday

Hospital Fund contributors resident in the City are now eligible for admission as patients to this Hospital without any financial call being made upon them, and arrangements can be made for Saturday Hospital Fund contributors living in the County to be admitted on the same terms as City cases through Mr. Wm. H. Abell, Secretary of the Saturday Hospital Society.

Medical practitioners of the City have for some time now been notified that Acute General Medical, General Surgical, Orthopædic and Surgical Tuberculosis, and also Maternity Cases, are eligible for admission as In-patients. Phthisical Cases should be referred to the Tuberculosis Medical Officer, and Infectious Cases to the Medical Superintendent of the City Isolation Hospital, in the first instance. Full details as to how to deal with special cases can be found on the back of the Recommendation Forms which are in use amongst all Medical Practitioners in the City. The special attention of all Medical Practitioners in the City should be drawn to Section IV at the back of these Recommendation Forms, which deals with the accommodation provided for Chronic, Senile and Infirm cases. Adequate arrangements have been made for these cases to be treated at the Public Assistance Institution, which is rapidly being developed, with this end in view, and every possible attempt is being made to assign such cases there in order that this Hospital may serve its proper purpose as a General Hospital for the treatment of the Acute Sick.

As routine every Doctor recommending a patient for admission is written to (on the discharge or death of his patient) and given a Private and Confidential Report in the form of brief clinical notes, and any features of special interest, such as mode of treatment, copies of X-Ray and Pathological Reports, or Post Mortem Findings, etc. This procedure, from letters received, appears to be greatly appreciated by many of the Medical Practitioners of the City and will be continued.

The General Features of the Hospital have been dealt with in detail in previous reports. The following is a brief survey of the structural additions and alterations which have been carried out during the past year, all with a view to modernising and equipping the Hospital in order to offer the most up-to-date methods of treatment for all classes of cases, which is so essential in a General Hospital serving so large a population.

Laundry. Installation of new plant, and modernising and reconditioning of existing machinery is still in progress.

Kitchen. Equipment here has been modernised completely, electricity being substituted for gas, and general improvements being made all round.

Balcony Accommodation is to be provided for four more Wards in the course of the next year.

Children's Ward. This Ward is at the moment under repair and is to be re-equipped and designed on modern lines.

Gynaecological Ward is also being modernised and specially equipped for this particular branch of work, which has recently made increasing demands on our facilities.

Education is now provided not only for children under treatment in the Orthopaedic Wards but also for the 70 boys and girls between the age of 5 and 14 in the Rheumatic and Heart Wards. This is a rapidly growing group of cases which called for some scheme of occupational therapy as many of the children are in Hospital for periods of 12 to 18 months. These Wards also will benefit considerably by the addition of open-air verandahs.

Maternity Department shows increase in the number of cases admitted. The work in this department is now much heavier as cases are also examined here ante-natally previous to their admission.

Staffing of the Hospital.

Matron. I have to report the retirement of Miss L. K. Masters, after a period of thirty years of devoted service, and also to welcome the appointment of Miss N. N. Claye, D.N., S.R.N., S.C.M., who commenced duties on November 1st, 1934. Miss Claye was trained at the Leeds General Infirmary and was Matron of the Barnstaple and North Devon Hospital.

Nursing Staff. It has been realised for some time past that the Hospital is very much under-staffed as the work of the Hospital has greatly increased in recent years. The Nursing Staff have been working under great difficulties and too long hours. The Committee are, however, hoping to be able to provide more nurses in the near future, and to meet the present emergency by providing temporary accommodation pending some more permanent provision being made.

I. Medical Staff.

(*a*) *Resident* : 1 Medical Superintendent and General Surgeon.
1 Deputy Medical Superintendent.
2 Resident Medical Officers.

(*b*) *Visiting* : 1 Orthopædic Surgeon.
2 Visiting Physicians.
2 Visiting Anæsthetists.
1 Consultant V.D. Specialist.
1 Radiologist, Visiting.
1 Radiographer, Non-Resident
1 Visiting Pathologist.

II. Resident Nursing Staff.

1 Matron.
1 1st Assistant Matron.
1 2nd Assist. Matron and Home Sister.
1 3rd Assist. Matron and Sister Tutor.
1 Night Superintendent.
1 Assist. Night Sister.
1 Maternity Sister.
1 Theatre Sister.
14 Ward Sisters.
2 Relief Sisters.
60 Probationer Nurses.

N.B.—Probationer Nurses are in training for four years, during which period they are expected to pass the Preliminary and Final State Examinations, and also that of the Central Midwives Board. The remainder of the Resident Nursing Staff are all fully qualified State Registered Nurses and hold the C.M.B. certificate.

III. Resident Domestic Staff.

2 Lodge Porters and Portress.
15 Maids.

IV. Other Non-Resident Staff.

1 Head Laundress.
7 Male attendants.
2 Masseuses.
3 Teachers for City General Hospital Council School.

Total Resident Staff.

102

Visiting Staff.

There has been one addition to the Visiting Staff during the past year. Dr. E. M. Ward, Resident Medical Officer at Groby Road Hospital, commenced as Visiting Pathologist on April 1st, 1934, and attends four times a week for general pathological and bio-chemical work and to make Post Mortem Examinations, the number of which has increased considerably as a result of this appointment ; it is hoped that soon we will not only be able to expand this department but also secure more of Dr. Ward's time.

Attendances during the year of the Visiting Staff :—

2 Visiting Physicians	56	
	28	
	—	84
2 Visiting Anaesthetists	25	
	42	
	—	67
1 Consultant V.D. Specialist	9	
	—	9
1 Consultant Radiologist	54	
	—	54

Specialised Services supplied by the Hospital :—

i. Orthopædic.
ii. Massage and Ultra-violet Light Treatment.
iii. X-Ray.
iv. Ante-natal.
v. Venereal Disease.
vi. Anaesthetists
vii. Rheumatic and Heart Cases.
viii. City General Hospital Council School.
ix. Maternity and Gynaecological.

Accommodation provided by Hospital :—

	Excluding Balcony Beds (which are not recognised as Permanent Accommodation).	Including B. Beds.
(a) For Men..	222	258
(b) ,, Women	191	227
(c) ,, Children	96	96
Total	509	581

Classification of Accommodation showing, also, number of beds occupied on December 31st, 1934, i.e., approximate average number of beds occupied on various Wards.

Classification of Wards.	No. of Wards Assigned.	BEDS.							
		Men.		Women.		Children.		Total.	
		Provided.	Occupied.	Prov.	Occ.	Prov.	Occ.	Prov.	Occ.
Medical ..	4½	54	30	69	64	—	20	123	114
Surgical ..	3	64	38	28	25	—	9	92	72
Chronic Sick	2	31	31	31	24	—	11	62	66
Children ..	1	—	—	—	—	32	20	32	20
Venereal ..	Part of Med.Wds.	10	—	10	—	—	—	20	—
Tuberculosis	1½	32	36	14	18	—	1	46	55
Maternity ..	2	—	—	8	6	—	—	8	6
Orthopædic ..	2	31	10	31	8	—	40	62	58
RheumaticHeart nd Chorea Cases	2	—	—	—	1	64	56	64	57
Total ..	18	222	145	191	146	96	157	509	448

This return corresponds with that submitted to the Ministry of Health, and hence excludes babies in cots at Maternity Wards, which were actually 6. making the total number of patients in Hospital on December 31st, 1934, 454.

GENERAL STATISTICS.

	1933	1934
Admissions	2685	2878
Discharges	2123	2286
Deaths	536	562
Deaths within 7 days of admission	209	235
Number of Patient Days	137,455	154,772
Average duration of residence (in days)	64.2	54.3
Average number of beds occupied	376.6	424.032
Highest—On 3/2/33	491	—
On 14/3/34	—	469
Lowest—On 22/10/33	315	—
On 21/5/34	—	385
Post-mortem Examinations held	78	163
Inquests held	16	28
Operations performed	188	223
X-Ray films exposed	2182	3397
Total confinements	134	205
Laboratory figures—		
Pathological investigations	1828	2850
Wasserman blood tests	457	626

SUMMARY OF YEARLY RETURN OF CASES.

	Remaining on 31/12/33	Admitted during year	Discharged during year	Died during year	Remaining on 31/12/34
Men	122	1027	716	282	151
Women	138	1081	853	215	151
Children (under 16 years)	164	770	717	65	152
Totals	424	2878	2286	562	454

Transfers from Other Institutions and Cases sent in by other Local Authorities.

Leicester Royal Infirmary	120
City Isolation Hospital	20
Westcotes Maternity Home	1 Mother 1 Infant
School Medical Service	10
County Health Department County Public Assistance	60

Saturday Hospital Society.

594 patients in 1933 at £489 11s. 6d.
707 patients in 1934 at £707 0s. 0d.

OPERATION TABLE.

GENERAL SURGERY.

Class of Case.	Operation under General Anæsthetic.	No. Performed.
I. General Diseases.	Cellulitis :—Incisions and drainage . .	5
	Empyema :—Rib resection	7
	Haemorrhoids	1
	Osteomyelitis :—Incisions and drainage	5
II. Digestive Sytem	Appendicectomy	12
	Cholecystectomy	2
	Colostomy	1
	Laparotomy	2
III. Hernia	Radical Cure	1
IV. Urino-Genital	Abscess of Kidney :—Incised . .	1
	Circumcision	8
	Removal of Fistula	4
	Orchectomy	1
V. Gynaecology and Midwifery	Amputation of Breast	2
	Breast Abscesses :—Incised and drained	4
	Caesarian Section	1
	Curettage	9
	Fixation of Uterus	1
	Gynaecological Examination under G.A.	2
	Operation for Pelvic Peritonitis . .	1
	Removal of Polypi from Uterus . .	1
VI. Diseases of Ear, Nose and Throat	Extraction of Teeth	12
	Myringectomy	1
	Mastoidectomy	4
	Removal of Nasal Polypi	1
	Tonsils and Adenoids	6
VII. Injuries	Fractures :—Fixation of	2
	Reduction of	4
VIII. Miscellaneous	Incisions for :—	
	Abscess of Back	1
	Buttock	1
	Face	1
	Neck	3
	Prepatella Bursitis . .	1
	Removal of Finger Nail	2
	Removal of Glands of Neck	4
	General Anaesthetic for Chorea Gravis	1
	GRAND TOTAL	115

LABORATORY REPORT.

Examinations of Sputum for Tubercle Bacilli	801
Complete Blood Counts	225
Red Blood Counts	43
White Blood Counts	75
Reticulocyte Counts	24
Blood Calciums	6
,, Sugar Estimations	61
,, Sugar Curves	26
,, Ureas	126
,, Icterus Index	7
,, Van den Berghs	16
,, Cultures	34
,, Sedimentations	179
Examination of Sputums for other than T.B.	29
,, ,, Throat Swabs (also Aural and Nasal) for K.L.B.	258
,, ,, Throat Swabs for Haemolytic Streptococci, etc.	38
,, ,, Smears, Vaginal, Urethral, etc.	73
,, ,, Fluids (Pus, Pleural Fluids, etc.)	70
,, ,, Cerebro-Spinal Fluids (Full Exam.)	36
,, ,, Cerebro-Spinal Fluids (Organism or cell)	6
,, ,, Hairs for Ringworm	64
,, ,, Faeces for Occult Blood	13
,, ,, Faeces for Organisms, Parasites, etc.	7
Fractional Test Meals	73
Urines (Microscopically examined)	326
,, (Chemically and Microscopically examined)	41
,, Examined for Tubercle Bacilli and other organisms	43
Urea Concentration Tests	26
Microtome Sections	81
Urea Clearance Tests	7
Mounted Specimens	12
Miscellaneous Investigations	24
	2850

SPECIMENS SENT TO OTHER INSTITUTIONS.

To Leicester Royal Infirmary :—

Blood for Uric Acid	1
,, Films	1
Cerebro-Spinal Fluids	12
Faeces (for Fats, Organisms, etc.)	3
Sections	2
Uterine Swabs	5
Wasserman Blood Tests	626
	650

To City Isolation Hospital :—

Faeces (for Organisms, etc.)	14
Cerebro-Spinal Fluids	1
Fluids for Guinea Pig Inoculation	7
Throat Swabs (for Virulence Tests, etc.)	9
Specimens for Mounting	6
Urines for Guinea Pig Inoculation	2
Vaccines	4
Widals	8
	51

TUBERCULOSIS REPORT.

This Hospital, as stated in last year's Report, is now an approved Institution for the treatment of Tuberculosis.

The policy of treating Surgical Tuberculosis here (City and County) and, also, the more advanced type of Pulmonary Tuberculosis, has been continued, and owing to heavy pressure on the beds at Groby Road Hospital it has been found necessary to admit an increasing number of Pulmonary Tuberculosis cases here.

For the purposes of the Ministry of Health Returns (Tuberculosis) for the year 1934, the Tuberculosis cases whose period of residence in Hospital was under 28 days, have been excluded. As a large proportion of the Pulmonary Tuberculosis cases admitted here fall under that group they have been set down in this Return, under a separate heading : otherwise this Return corresponds exactly with that submitted to the Ministry of Health.

Number of Beds Available for the Treatment of Tuberculosis :—

For Pulmonary Cases	46 Adults
For Non-Pulmonary Cases	31 Adults
	31 Children
Total	108

Return showing the Extent of Residential Treatment during the Year.

	Re-maining 1.1.34	Ad-mitted during year	Dis-charged during year	Died during year	Re-maining 31.12.34
Number of Patients suffering from Pulmonary Tuberculosis :—					
Men	19	120	61	43	35
Women	9	63	34	19	19
Children	2	2	2	1	1
Total	30	185	97	63	55
Number of Patients suffering from Non-Pulmonary Tuberculosis :—					
Men	5	23	13	5	10
Women	10	17	16	1	10
Children	31	28	28	5	26
Total	46	68	57	11	46
GRAND TOTAL ..	76	253	154	74	101

Summary of Tuberculous Cases discharged and died—showing those cases also whose period of Residential Treatment was under 28 days.

		Discharged			Died		
	Length of Stay	Male	Female	Children	Male	Female	Children
Pulmonary	Over 28 days ..	50	23	2	19	6	—
	Under 28 days	11	11	—	24	13	1
	Total	61	34	2	43	19	1
Non-Pulmonary	Over 28 days ..	10	13	27	3	1	—
	Under 28 days	3	3	1	2	—	5
	Total	13	16	28	5	1	5

TUBERCULOSIS RETURN FOR 1934.

Condition at time of discharge		Duration of Residential Treatment in Institution.															TOTALS.			GRAND TOTALS.
		* Under 28 days.			28 days-3 months.			3-6 months.			6-12 months.			Over 12 months.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
T.B.—	Quiescent	1	1	–	4	1	–	5	2	–	–	–	–	–	–	–	9	3	–	12
	Non-Quies.	2	–	–	4	3	–	1	–	–	–	–	–	–	–	1	5	3	1	9
	Died in Inst.	1	2	1	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	2
T.B.+I.	Quiescent	–	–	–	1	1	–	1	1	1	–	–	–	–	–	–	2	2	1	5
	Non-Quies.	2	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	Died in Inst.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
T.B.+II.	Quiescent	–	–	–	2	–	–	2	–	–	3	–	–	–	–	–	7	–	–	7
	Non-Quies.	4	2	–	13	6	–	4	3	–	2	–	–	1	1	–	20	10	–	30
	Died in Inst.	3	1	–	2	–	–	2	–	–	–	–	–	–	–	–	4	–	–	4
T.B.+III.	Quiescent	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Non-Quies.	2	7	–	3	2	–	4	1	–	–	–	–	–	1	–	7	4	–	11
	Died in Inst.	20	10	–	8	5	–	2	–	–	3	–	–	1	–	–	14	5	–	19
Total of Pulmonary . .		35	24	1	38	20	–	21	7	1	8	–	–	2	2	1	69	29	2	100
Bones and Joints.	Quiescent	2	1	–	–	1	1	1	–	3	2	2	7	2	3	7	5	6	18	29
	Non-Quies.	–	2	–	–	3	1	1	–	2	1	–	–	–	1	1	2	4	4	10
	Died in Inst.	–	–	–	–	–	–	1	–	–	1	1	–	–	–	–	2	1	–	3
Abdominal.	Quiescent	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	2	2
	Non-Quies.	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	1
	Died in Inst.	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Organs.	Quiescent	–	–	–	–	–	1	–	1	–	–	–	1	–	–	–	–	1	2	3
	Non-Quies.	1	–	–	2	1	–	–	–	–	1	1	–	–	–	–	3	2	–	5
	Died in Inst.	1	–	5	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1
Peripheral Glands.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Non-Quies.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Died in Inst.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total of Non-Pulmonary . .		5	3	6	3	5	4	3	1	7	5	4	8	2	4	8	13	14	27	54

* Figures in this column are excluded from totals. They have been excluded from the Ministry of Health Return this year and are merely given here for comparison.

MATERNITY DEPARTMENT.

Number of Maternity Beds provided		8
,, ,, ,, Cases admitted during year		205
Average duration of stay (in days)		16
Number of cases delivered by Midwives		197
,, ,, ,, ,, ,, Doctors		8
,, ,, ,, notified as Puerperal Fever		4
,, ,, ,, ,, ,, ,, Pyrexia		6
,, ,, ,, ,, ,, Opthalmia Neonatorum		3
,, ,, Maternal Deaths (4 of which were confined here)		8
,, ,, Infant Deaths in children born in this Hospital		10
,, ,, Infants stillborn		17
Transfers from Westcotes Maternity Home	Mother	1
	Infant	1

Maternal Deaths.

Tuberculous Laryngitis in Puerperium (Confined at C.G.H.)	2
General Septicaemia following Incomplete Abortion	1
,, ,, Puerperal Peritonitis (Transferred from Groby Road)	1
Lobar Pneumonia : Suppurative Pericarditis : Incomplete Abortion	1
Puerperal Septicaemia following Abortion	1
,, ,, following Stillbirth	2
	8

Infant Deaths (i.e., within 10 days of birth).

Prematurity	7
Asphyxia Neonatorum	1
Insufficient Vitality at Birth	1
Congenital Persistent Ductus Arteriosus : Morbis Cordis	1
	10

ORTHOPAEDIC DEPARTMENT.

The Orthopaedic Department of the City General Hospital consists of two Wards, Nos. 5 and 9, with their adjoining rooms and verandah accommodation for the open air treatment of the cases. Two Wards have been used for this purpose since 1931, the present accommodation being opened formally in November, 1933, by Mrs. W. E. Hincks. This was also the occasion of an address on Orthopaedic work by Mr. Naughton Dunn, one of the pioneer and leading Orthopaedic Surgeons in the country. Mr. R. S. Lawson, F.R.C.S., was present at the opening and due recognition for the work in Orthopaedics he had carried out for the Health and Education Committees was given.

The Orthopaedic Service of the City of Leicester.

The Orthopaedic Department of the City General Hospital is the Hospital Unit for the City and for some of the cases from the County Council Authority. The Service consists of :—

The Central Clinic under the Education Committee and situated at Richmond House, serves as the centre for examination and for the follow up of all cases referred by the Education Authority, the Maternity and Child Welfare Centres, the Health (Tuberculosis) Authority and occasionally the Public Assistance and Mental Deficiency Committees. Cases are also referred by the County Council Authorities. At the Clinic there is provision for out-patient treatment and there is a large and important department for the treatment of postural defects by remedial exercises. There is also close co-operation with the Clinic for artificial light. Minor operations are performed at the Clinic itself ; major cases, cases of Surgical Tuberculosis and those requiring long stay treatment and education whilst in Hospital are referred to the Orthopaedic Department of the City General Hospital, or, in some cases of Surgical Tuberculosis, to a special Ward at the Groby Road Sanatorium.

The Groby Road Isolation Hospital and Sanatorium has one Ward allocated for the treatment of Surgical Tuberculosis and accommodates 32 patients. This Ward has been open for 10 years and, until recently, was the mainstay for the In-patient treatment of City cases. It has now been recommended that these patients be transferred to the City General Hospital.

The Orthopaedic Department, City General Hospital, with its two Wards, accommodates 62 patients, i.e. :—

Ward 5 for men and boys, with side room accommodation for the massage department and Sister's Office.

Ward 9 for women and children, with its side room accommodation adapted for the Operating Theatre and Plaster Room, and for a post-operative recovery Ward.

The Staff of the Department consists of the Medical and Nursing Staff of the Hospital, with special assistance from a Senior and two other Orthopaedic Sisters, a Masseuse, and the Visiting Orthopaedic Surgeon. During 1934 the following developments have taken place :—

Operating Theatre and Plaster Room. This has been opened for use and has been equipped with all modern necessities and appliances.

Wards. Trees, shrubs and flower beds have been planted and will serve to give the patients a feeling of privacy as well as a much more pleasant outlook.

Instrument Work. Considerable re-organisation has taken place in relation to the making of splints and surgical appliances. During the year the foundation of a self-contained department has been laid. At the moment the workshop is at the Groby Road Hospital: this, I understand, only represents a primary move and ultimately the department, as well as all the Orthopaedic cases will be centred at the City General Hospital.

Summary of the Work of the City Orthopaedic Service :—

In-patient Treatment.

		T.B.
City General Hospital :—		
From Education Committee	19 cases	
Health Committee	33	25
General Cases	35	
Groby Road Sanatorium :—		
Health Committee	50	50
Central Clinic—Richmond House :—		
Education Committee	92	
Health Committee	10	

Out-patient Treatment.

Central Clinic :—		
Education Committee	657	
Health Committee	172	32
Groby Road Sanatorium :—		
Health Committee	25	25

Summary of the Cases treated at the City General Hospital :—

Number of patients in the Wards on 1.1.34	60
,, ,, ,, admitted during the year	122
,, ,, ,, discharged and died during the year	124
,, ,, ,, in the Wards on 31.12.34	58
Operations	87
Plaster Work	202

Scope of Cases :—City 87
County 37

Types of Cases :—

Tuberculosis : Spine 22, Sacro-iliac 4, Hip 9, Knee 13, Various 5	53
Congenital Defects : Hip 3, Spina Bifida 2, Talipes 5	10
Nutritional Defects : Rickets 4	4
Infective Defects : Infantile Paralysis 6, Osteo-Arthritis 4	10
Nervous Defects : Spastic Paralysis 3	3
Injuries : Fractures 2, For Non-Union 3, The Knees 5	10
Various : 24 **Re-admissions** 10	34
	124

OPERATIONS (ORTHOPAEDIC).

Arthrodesis	11
Winnett-Orr	5
Osteoclasis	5
Osteotomy	3
Bone Graft Leg	3
Bone Graft Spine	3
Reduction of Congenital Dislocation of Hip	3
Operation for Spina Bifida	2
Amputations	3
Various	49
	87
Plasters	202

CLASSIFICATION OF CASES TREATED
during the twelve months Jan. 1st to Dec. 31st, 1934.

MEDICAL CASES.

I. General Infections.

Chorea	16	Ophthalmia Neonatorum	4
Diphtheria	20	Pertussis	17
Enteric Fever	1	Rheumatism	68
Erysipelas	36	Rubella	2
Influenza	9	Scarlet Fever	44
Malaria	1	Varicella	10
Measles	37		

II. Respiratory Diseases.

Asthma	8	Pleurisy	27
Bronchiectasis	6	Pleurodynia	4
Bronchitis	172	Pneumonia	184
Oedema of Lungs	3	Various	7
Phthisis	160		

III. Diseases of the Heart and Circulation.

Aortic Disease	16	Mitral and Aortic Disease	8
Arterio Sclerosis	31	Mitral Disease	65
Auricular Fibrillation	34	Myocardial Degeneration	4
Cardiac Affections, various	15	Myocarditis	142
Endocarditis	39	Pericarditis	8
Hyperpiesis	7		

IV. Diseases of the Nervous System.

Cerebral Embolism	4	Meningitis	13
,, Haemorrhage	16	Neurasthenia	22
,, Thrombosis	46	Neuritis	5
Concussion of Brain	4	Neuro-Syphilis	4
Disseminate Sclerosis	8	Paralysis Agitans	2
Encephalitis	4	Parkinsonianism, Post-Encephalitic	2
Epilepsy	23	Spastic Paraplegia	3
General Paralysis of Insane	3	Various	35
Hysteria	5		

V. Mental Disorders.

Insanity and Mental Derangement	50	Suicidal	6

VI. Metabolic and Endocrinal Disorders.

Diabetes	29	Jaundice	9
Diabetic Gangrene	6	Various	2
Goitre	6		

VII. Nutritional Complaints and Congenital Defects.

Congenital Defects	8	Mothers admitted to feed Babies	3
General Debility	6	Prematurity	12
Infants admitted with Mothers for feeding	18	Senility	29
Malnutrition	1	Senile Gangrene	4
Marasmus	4		

VIII. Intoxications, Poisonings, etc.

Alcoholism	4	Plumbism	1
Delirium Tremens	3	Poisoning	2
Drug Addict	1		

IX. Kidney Diseases.

Albuminuria	2	Uraemia	29
Nephritis	58	Various	3

X. Affections of Bones, Joints and Fibrous Tissues.

Arthritis	47	Rickets	11
Fibrositis	5	Sciatica	3
Lumbago	2	Synovitis	4
Myositis	2		

XI. Digestive System.

Colitis	7	Gastro-Enteritis, &c.	31
Duodenal Ulcer	5	Haematemesis	2
Dyspepsia, Chronic	5	Hypochlorhydria	5
Enteritis	4	Intestinal Stasis	9
Gastric Ulcer	8	Stomatitis	6
Gastritis	15	Various	2

XII. Skin Diseases.

Cellulitis	13	Scabies	24
Dermatitis	11	Seborrhoea	5
Eczema	18	Sycosis Barbae	3
Erythema Nodosum	8	Tinea	20
Furunculosis	4	Urticaria	2
Impetigo	20	Various	6

XIII. Blood Diseases.

Anaemia	17	Various	2

SURGICAL CASES.

I. Alimentary System.

Appendicitis	13	Hernia	7
Carcinoma	81	Intestinal Obstruction, Acute	2
Cholecystitis, &c.	16	Peritonitis, Tuberculous	2
Cirrhosis of Liver	9	Various	13
Haemorrhoids	2		

II. Urino-Genital System.

Carcinoma	10	Renal Colic	1
Cystitis	14	Renal Tuberculosis	4
Enlarged Prostate	12	Retention of Urine, Acute	3
Gonorrhoea	10	Supra-pubic Cystotomy	2
Ischio-Rectal Abscess	5	Syphilis	39
Phimosis	8	Tuberculous Kidney	3
Pyelitis	12	Undescended Testis	2
Pyelonephrosis	5	Urethral Stricture	2
Renal Calculi	1	Various	12

III. Affections of Mouth, Nose, Ear and Throat.

Adenitis, Cervical	8	Mastoiditis	3
,, Submaxillary	2	Otitis Media	24
Alveolar Abscess	2	Parotisis, Acute	2
Carcinoma	20	Pharyngitis	2
Cerumen in Ear	2	Peritonsillar Abscess	2
Epistaxis	3	Tonsillectomy	2
Extraction of Teeth	20	Tonsilitis	32
Laryngitis	2	T. & A.	4
Lymphosarcoma of Neck	2	Various	5

IV. Affections of the Eyes.

Conjunctivitis	8	Ophthalmia Neonatorum	4
Iritis	2	Various	3

V. Affections of Bones and Joints.

Anterior Poliomyelitis	6	Osteomyelitis	6
Bursitis, Prepatella	4	Sacro-Iliac Disease	2
Congenital Dislocation of Hip	3	Talipes Equino Varum	3
Deformed Feet	3	Tuberculous Joints	55
Equinus Varus Double	2	Various	21
Fractures	39		

VI. Respiratory System.

Carcinoma	8	Various	4
Empyema	10		

VII. Maternity and Gynaecological.

Abortions	26	Puerperal Pyrexia	6
Albuminuria of Pregnancy	4	,, Sepsis	8
Ante-Partum Haemorrhage	4	Pyelitis of Pregnancy	8
Breast Abscess	2	Placenta Retained	3
Carcinoma	25	Retroflexion of Uterus	2
Confinements	205	Subinvolution of Uterus	2
Leucorrhoea	5	Toxaemia of Pregnancy	2
Metrorrhagia	3	Tuberculous Laryngitis Puerperal	2
Parametritis Suppurative	3		
Pregnancy	50	Various	29

VIII. Miscellaneous.

Abrasions	2	Lymphangitis	2
Abscesses, Various	21	Minor Injuries, Various	26
Adenitis	4	Phlebitis	8
Burns	2	Scalds	2
Carbuncles	8	Septicaemia, General	3
Contusions	4	Septic Conditions	31
Convulsions	2	Sebaceous Cyst	3
Cut Throat	3	Ulcers	30
Gangrene	7	Varicose Veins	3

IX. Malignant Growths.

Carcinoma	145	Various	3
Sarcoma	5		

CAUSES OF DEATHS—January 1st, 1934, to December 31st, 1934.

I. Alimentary System.

Cirrhosis Liver	2	Various	9
Gastro-Enteritis Acute	6		
			17

II. Respiratory System.

Bronchiectasis	2	Puerperal Tuberculous Laryngitis	2
Bronchitis	38	Pneumonia	54
Diphtheria, Laryngeal	1	Various	4
Oedema of Lungs	3		
Phthisis	61		165

III. Nervous System.

Cerebellar Tumour	2	Parkinsonianism, Post-Encephalitis	1
Cerebral Haemorrhage	16	Various	9
,, Thrombosis	30		
,, Tumour	2		
Disseminate Sclerosis	3		70
Meningitis	7		

IV. Circulatory System.

Aortic Disease	6	Rheumatism Acute	1
Arterio Sclerosis	7	Rheumatic Endocarditis	6
Auricular Fibrillation	6	,, Pericarditis	2
Endocarditis	4	Various	4
Mitral Disease	15		
Myocarditis	50		101

V. Bones, Joints, Deformities, etc.

Fractures	22	Various	2
Rheumatoid Arthritis	2		
Tuberculous Joints	4		30

VI. Urino-Genital System.

Enlarged Prostate	3	Uraemia	18
Nephritis	18		
Pyonephrosis, Tuberculous	1		40

VII. Diseases of the Blood.

Anaemia	3	Banti's Disease	1
			4

VIII. Nutritional Diseases and Congenital Defects.

Diabetes Mellitus	11	Senile Decay	24
Gangrene of Leg	2	Spina Bifida	3
Marasmus	2		
Prematurity	8		50

IX. Malignant Growths.

Carcinoma	66	Sarcoma	4
Lymphosarcoma	2		
			72

X. Miscellaneous	13
GRAND TOTAL	562

ERNEST C. HADLEY,
Medical Superintendent.

APPENDIX IV.

Report on Maternity and Child Welfare

for the year 1934.

By E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act, 1918), consists, in Leicester, of the full Health Committee, together with four co-opted lady members.

Actually, the work is carried out by a Sub-Committee of five members of the Health Committee, together with the four co-opted members, which meets each month.

Health Visitors.

There are fifteen District Health Visitors, together with a Superintendent Health Visitor, and their names and qualifications are set out on page vi.

The duties of the Health Visitors and the extent and scope of their work have been elaborated in previous reports and therefore will not be repeated here.

The following is a statistical report of the work done by the Health Visitors during 1934 :—

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	3,281	(3,029)
,, ,, revisits to children under one year old	16,388	(15,635)
,, ,, visits to children one to five years old	14,528	(12,384)
,, ,, visits to cases of Ophthalmia Neonatorum	69	(76)
,, ,, first visits to ante-natal cases	498	(404)
,, ,, other visits to ante-natal cases	466	(510)
,, ,, visits to children under Infant Life Protection Act	877	(809)
,, ,, other visits (no access)	4,896	(4,420)
,, ,, ,, ,, (not classified)	460	(487)
Totals	41,463	(37,754)

Attendances at Schools for Mothers and Infant Welfare Centres	1,359	(1,118)
Attendances at Ante-Natal Clinics	129	(120)
Attendances at Birth Control Clinic ..	48	(48)

The total figures show a definite increase over those for the previous year. This is partly accounted for by the fact that an additional health visitor joined the staff during the year. But this does not explain the entire increase in the number of visits paid.

The home visiting by the health visitor is probably the most important part of her work, and every effort is made, in spite of the increasing demands upon her time, to ensure that she does not neglect her domiciliary visits. Special importance is attached to the need for visiting children between the ages of one and five years, and it is gratifying to note that the steady increase in the number of such visits during the last few years has been greater than ever during 1934, being an increase of 2,144 over the figure for the previous year.

Most of the visits paid to ante-natal cases are at the request of the M. & C.W. Medical Officer, and are concerning absentees from the ante-natal clinics, or to ensure that adequate arrangements have been made for the forthcoming confinement.

The unclassified visits include those paid in connection with applications for free milk, etc.

Schools for Mothers and Infant Welfare Centres.

There was one new Centre opened during the year. The first session was held on 24th July at Fosse Road South (Holy Apostles' Church Schoolroom) and judging by the attendances made, the Centre supplies a definite need in the district which it serves, viz., the City portion of the Braunstone Estate.

The need for reorganisation, in view of the rehousing of certain sections of the population, and the extending of the City boundary, is being kept in mind.

There are now seventeen Centres in Leicester, and also the Infants' Milk Depot, at which mothers may attend and bring their children under five years of age, and the following is a complete list of the Centres.

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Mantle	,,
Clipstone Street	Miss Weston	,,
Aylestone Road	Miss Windley	Tuesday
Bedford Street	Mrs. Millard	,,
18 King Street (Milk Depot)	—	,,
Fosse Road South	Mrs. Davis	,,
Cavendish Road	Mrs. Johnson	,,
Wesley Hall	Mrs. Taylor	,,
Coleman Road	Mrs. Herbert	Wednesday
Kelland College	Mrs. Gibbs	,,
Justice Street	Miss Went Mrs. Bouskell	,,
Uppingham Road ..	Mrs. Judge	,,
Belgrave Hall	Mrs. Mantle	Thursday
Clarendon Park	Mrs. Roberts	,,
Highcross Street ..	Mrs. Viccars	,,
Saffron Lane	Mrs. Skillington	,,

A session is held each week, and there is a doctor in attendance to give free medical advice to the mother about her child and herself in relation to the child. When any treatment is considered necessary, the mother is advised as to where she should obtain it. All cases see the doctor on their first visit, and thereafter as the health visitor considers necessary.

There are still mothers who do not appreciate the value of attending a Centre, and there are those who come in the hope of receiving some material benefit in the form of free milk, etc. But it is encouraging to find that the number of those who fall into these categories is decreasing. Further, the erroneous idea that the Centre will provide treatment, which can only be properly undertaken by the private practitioner, is gradually being displaced from the minds of the mothers, and they are being taught to assess, at its proper worth, the value of medical advice and supervision of their children under school age.

The following medical practitioners conduct the medical consultations at the various Infant Welfare Centres each week :—Dr. Gertrude Austin, Dr. Lucy Simpson Davies, Dr. Moffatt Holmes, Dr. Maurice Millard, Dr. Catherine Mitchell, Dr. Philip Snoad and Dr. George Taylor.

Dr. E. Gordon Lawrie, the Assistant Tuberculosis Officer, and a member of the medical staff of the City Isolation Hospital and the M. & C.W. Medical Officer also attend at some of the Centres each week.

One or more Health Visitors is attached to each Infant Welfare Centre, and, as far as possible, her district work is in the neighbourhood of the Centre which she attends, so as to ensure continuity of the district and clinical work.

The teaching of the various branches of Mothercraft continues at the various Centres and the results of the instructions given for the making of useful and suitable garments are encouraging to all the workers concerned. The series of fortnightly "talks" is maintained at all the Centres. These are given by Mrs. Reed, the Superintendent Health Visitor, and by Nurse Prior, who is attached to the Department as a part-time official in this capacity. At Highcross Street Centre, and occasionally at the other Centres, the Health Visitor gives the fortnightly talk. The syllabus is a comprehensive one and includes all aspects of the work of child welfare. Opportunity is given for questions and answers and essay writing, and this serves as a guide to the future presentation of the subject matter.

The following numerical details for 1934, with the corresponding figures for the previous year, showed that the amount of work continues to increase though no statistics can ever truly indicate the clinical and educational work which is accomplished week by week :—

Number of Sessions held		764		(743)
Total attendances of Mothers ..		43,979		(39,823)
Total attendances of Children—				
Under one year old	28,093	48,603	(25,608)	(43,858)
Over one year old	20,510		(18,160)	
First visits of Children—				
Under one year old	2,072	2,626	(1,906)	(2,418)
Over one year old	554		(512)	
Number of Children attending—				
Under one year old	2,499	4,754	—	
Over one year old	2,255		—	
Number of Sessions at which a doctor was present		759		(728)
Number of children seen by a doctor ..		11,899		(10,725)

There are two Infant Welfare Centres which differ from the others in that the premises are permanently rented by the Corporation, and are open daily. These are the Infants' Milk Depot at 18 King Street, and the Consultation Centre at 119 Highcross Street.

1.—**The Infants' Milk Depot,** which was established in 1906 at premises in Belgrave Gate, has been accommodated in larger premises at 18 King Street since March, 1931.

Mrs. Stanion continues as Manageress, and there are two assistants for the routine work in connection with the sale of dried milk, and the distribution of supplies to the various Infant Welfare Centres.

The premises are also used for two infant welfare clinics and an ante-natal clinic and birth control clinic each week.

The depot is open throughout the day, and mothers may attend at any time to have their babies weighed, and to receive advice from Mrs. Stanion.

The details of the work expressed numerically are as follows :—

	1934	1933
Number of children weighed	4,968	4,606
Attendances for advice only	1,590	1,190
Number of new cases	319	370
Number of Test Feeds carried out	214	168
Number of Infant Clinics held	49	46
Attendances at Clinics	837	966

Many of the mothers now attending the Milk Depot realise that it is something more than a place where they obtain their dried milk ; of the 319 new cases, 85 were entirely breast fed, 31 were breast fed for a few months, and 31 were partially breast fed.

2.—**Highcross Street Consultation Centre.** These premises comprise a three-storey house of eight rooms, five of which are actually in use each day. Two health visitors are attached to the Centre and share the work of the Centre and the home visiting to children under five years of age in the surrounding district. A health visitor is in attendance throughout the day to advise mothers and to weigh the children. Dried milk is also supplied from the Centre. Test feeds are carried out for cases belonging to the district and also for those mothers referred from other districts by the health visitors. Medical consultations are held weekly, and "talks" are given by the health visitor at varying intervals. The window in the front of the premises affords opportunity for displaying posters, mottoes and models of babies and "toddlers," suitably clothed, and has now become a feature of interest in the district.

The details of the work, expressed numerically, are as follows :—

	1934	1933
Number of New Cases	170	183
Attendances of Children under one year old	2,413	2,655
Attendances of Children one to five years old	844	744
Advice to Mothers	263	265
Attendances for Dried Milk, etc.	1,205	1,341
Number of Test Feeds carried out	304	265
Number of Clinics held	51	51
Number of Mothers attending Clinic ..	2,103	1,933
Number of Medical Consultations at Clinic	1,118	874

It will be seen that generally speaking all sections of the work are being maintained and that the special attention given to the children after infancy is shown by a definite increase in the attendance under this heading. This is very gratifying in connection with a Centre which was opened as a Voluntary Centre and did pioneer work in one of the most needy districts of the city.

A special feature of the Centre is the annual social gathering arranged by the Voluntary Workers to interest fathers, as well as mothers, in some of the branches of child welfare, and the increasing attendance of fathers is a justification for continuing this effort.

Ante-natal Clinics.

There are three municipal clinics for the expectant mother, viz. :—The City of Leicester Maternity Home, Westcotes Drive (Friday morning and afternoon), for those women who have booked their confinement at this Home ; the Infants' Milk Depot (Tuesday morning, and Highcross Street Centre (Wednesday morning). The medical work at these clinics is carried out by the M. & C.W. Medical Officer.

The women who attend these clinics include those who come independently, or are referred by a doctor, a midwife or a health visitor. In addition, many of the women who wish to have their confinement in the City General Hospital attend the clinic for their ante-natal supervision, as this obviates the somewhat trying journey to the Hospital during pregnancy.

Concerning those patients who come of their own accord, details of their case are sent to the person subsequently engaged to attend the confinement, and doctors and midwives are supplied with a written medical report after the first visit of each case referred by them, and subsequently, as is necessary.

The number of cases referred by midwives is increasing and the value of a medical examination during pregnancy is becoming more appreciated by the midwives, who are encouraged to attend, whenever possible, with their patients. The scheme for "compensation to midwives," which has now been working for two years, ensures that the possible loss of a patient will no longer act as a deterrent to a midwife to seek medical aid during the ante-natal period.

The number of ante-natal clinic sessions held and the attendances during the year were as follow :—

The corresponding figures for the previous year are shown in brackets.

	Number of Sessions.	Attendances : First Visits.	Revisits.	Totals
18 King Street ..	48 (46)	181 (150)	360 (245)	541 (395)
119 Highcross Street	49 (49)	163 (117)	330 (221)	493 (338)
Municipal Maternity Home	104 (102)	368 (370)	1081 (1047)	1449 (1417)
Total Attendances		712 (637)	1771 (1513)	2483 (2150)

The figures, particularly those for the two clinics held in the centre of the city, show a decided increase in the attendance of both new and old patients. From an analysis of the records of the clinic, it is observed that many of the new cases are women who have attended the clinic during a previous pregnancy and have therefore come to know the value of ante-natal supervision. The increase in the number of revisits is not entirely accounted for by the increase in the number of new cases. Hitherto, it was noticed that some women attended only once or twice and were not disposed to revist the clinic. Each patient is now given a definite date on which she should return and all absentees are persistently followed up, either by a visit from the health visitor or by a written invitation to re-attend. The number of absentees is surprisingly low, considering the domestic and physical difficulties which have to be met by some of the women who attend the clinic, and it is gratifying to note that most of the women now attend for as long as is considered necessary, even right up to the last weeks of their pregnancy.

Municipal Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920. It provides accommodation for 25 beds, together with one isolation bed.

The number of admissions to the Home in each year has been as follows :—

1920 (five months only)	139	1927	445
1921	339	1928	515
1922	345	1929	504
1923	394	1930	475
1924	444	1931	349 *
1925	438	1932	385 *
1926	455	1933	431
		1934	450

* County Cases not Admitted.

Of the 450 patients admitted, 132 were residing outside the city boundary, including 34 patients on the Braunstone Estate.

The small but definite increase in the number of admissions, and the number of women who have booked to enter the Home in 1935, is encouraging after the decrease which took place during recent years. Former patients continue to seek readmission and many of the new patients come on the recommendation of ex-patients. While it is admitted that it is much to be desired that the Home should run to fuller capacity, it is difficult to see where these 450 patients would be accommodated in the absence of "Westcotes Home."

The ante-natal clinic is held on the premises for two sessions each week and the attendances are recorded on a previous page. The number of new cases attending the clinic has no definite relationship to the number of admissions in each year, as it is a feature of the Home that women may be attended by their own doctor, if they wish, and such women do not attend the clinic. The defaulters and absentees are very few and are followed up in every case.

A tabular statement of the work done at the Home is given in Table 16, and a financial statement in Table 19.

Training of Midwives.—The Home is an approved training school for pupil midwives, and during the year 12 general trained nurses and one untrained person were accepted for training. Seven pupils were in training at the beginning of 1934, and eight pupils were still in training at the end of the year. Of the sixteen pupils who sat for the examination, all were successful in obtaining the certificate of the Central Midwives Board.

Midwifery Lectures for Pupil Midwives.—The arrangement continues whereby a combined lecture course for pupil midwives from the three recognised training schools in Leicester is held, half at the Municipal Maternity Home and half at the Leicester and Leicestershire Maternity Hospital. Income is derived from the fees of the pupils attending the course, and out of these all expenses, including lecturers' fees, have to be paid. One lecture, at the close of each course, dealing with the relationship of the midwife to the Local Supervising Authority, is given by the Medical Officer of Health.

Staff.—Dr. T. W. Allen continues as Medical Officer on call for the Home, and Miss E. Bradshaw as Matron.

Midwives.

A list of midwives who, during 1934, notified their intention to practise within the City of Leicester appears in Table 15. Their inspection is carried out by periodic visits to their homes by the M. & C.W. Medical Officer, who is the Inspector of Midwives. In addition, special visits are paid, as required, and midwives report in person concerning any emergencies which may arise in their practice. The Health Department provides adequate and prompt disinfection for midwives who have become liable to be a source of infection.

The standard of the work varies, of necessity, with the individual midwife, and especially with regard to ante-natal supervision, which presents some difficulty to the older midwives. They are therefore instructed to refer their patients to the ante-natal clinic, to assist them to carry out the requirements of the Central Midwives Board in this connection.

The supply of midwives is more than adequate for the city ; a very small number of midwives can depend entirely upon their practice as a means of livelihood, and most of them would welcome more cases. The value and necessity of a competent midwife in connection with every confinement cannot be overestimated, and it is evident that if the standard of the work is to be maintained by the right type of woman, steps will have to be taken to ensure that every competent practising midwife is adequately remunerated for her services.

Registered Nursing and Maternity Homes.

A list of registered Nursing and Maternity Homes within the city at the end of 1934, with details as to registered accommodation, appears in Table 28.

There was one new Home registered during the year for two maternity or chronic medical patients.

One existing Home was closed by the nurse in charge, following a report on the unsatisfactory state of the premises. Another Home was closed upon the retirement of the nurse in charge, and the registered accommodation of one Home was increased from nine to twelve beds, following extension of the premises, and in another Home the number of registered beds was increased from 8 to 11 beds.

All registered Homes are inspected periodically by the M. & C.W. Medical Officer. During the early part of the year members of a sub-committee of the M. & C.W. Committee visited all Registered Homes. The accommodation and facilities vary considerably, but every effort is made to secure for the patients the best conditions possible and an adequate and efficient nursing staff. No new applications for registration are granted unless a high standard of efficiency and accommodation are assured.

Day Nursery.

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920, and since February, 1923, the work has been carried on at premises in St. Martin's Lane.

Attendances.—The Day Nursery was open during the year for 248 full days and 50 half-days (Saturdays). The total full attendances were 9,708, and the half-day attendances 1,848, as compared with 9,564 and 2,143 respectively for the previous year. The increase in the attendances is probably an indication of an increase in employment, though sickness is often a factor in the falling off of the numbers.

The Day Nursery continues to provide ideal daily supervision for those children under five years of age, whose mothers are obliged to go to work. In Leicester, the amount of female labour employed in the factories makes this number comparatively high, and it is a great boon to such women to know that for a reasonable charge they can leave their children in safe and congenial surroundings, where skilled and constant supervision and suitable dietary are provided. Nor need the advantages of breast-feeding be lost, as mothers are encouraged to return to the Nursery for this purpose during the dinner hour, where they are also provided with a nutritious midday meal for a modest sum.

The M. & C.W. Medical Officer pays periodic visits of inspection to the Nursery and is in constant touch with the Matron concerning doubtful cases of admission.

Teaching Mothercraft.—The Day Nursery affords unique opportunity for the training of nurses and for the teaching of Mothercraft to schoolgirls. The arrangement with the Education Committee continues, and the girls attend in groups of not more than eight, one group attending in the morning and one in the afternoon, each group attending for a period of four weeks. The total attendances made by 310 schoolgirls were 2,835, drawn from the following schools:—Avenue Road, Chester Street, Elbow Lane, Lansdowne Road, Mantle Road, Sacred Heart and Willow Street.

Staff.—Miss Alice M. Mason continues as Matron of the Day Nursery and is assisted by a staff of two Sisters, a Mothercraft Teacher, and probationer nurses as required.

Assistance in Necessitous Cases.

A special Sub-Committee, of which Mrs. Cooper continues as Chairman, meets each fortnight to consider applications for help in necessitous cases of mothers or children under five years of age. Every application has to be made in writing on a form which has been specially drawn up and requires a full statement of all sources of income, together with particulars as to rent, number of dependent children, &c. This statement is frequently checked by application to the employer and the health visitor appends a report on the case. Further, a medical certificate is required concerning the condition of the person for whom help is sought. This is usually supplied at the infant welfare centre or ante-natal clinic, but a certificate from a private practitioner is accepted in cases which cannot attend a centre.

The following figures show the amount and variety of assistance given during the year:—

	1934	(1933)
Number of New Cases granted Milk ..	373	(327)
Number of Old Cases granted Milk	918	(745)
Number of gallons of Milk granted free ..	4,679	(3,889)
Number of Cases granted Dried Milk free ..	105	(58)
Number of Cases admitted to the Day Nursery at reduced rate	39	(30)

Number of Cases admitted to the Day Nursery free	—	—
Number of Cases admitted to the Maternity Home at reduced rate	2	(8)
Number of Cases admitted to the Maternity Home free	1	—
Number of Cases in which Doctor's fees were remitted	21	(30)
Number of Cases in which total fees for Midwives were allowed	19	(8)
Number of Cases in which part fees for Midwives were allowed	2	(4)
Number of Cases in which Dental fees were remitted	11	(6)
Number of Home Helps supplied	—	(2)
Number of Cases in which no action was taken	28	(37)

Local Government Act, 1929.

The two sections of this Act which concerned the Maternity and Child Welfare Department were the care of destitute children under five years of age, and the supervision of children under seven years old who were nursed for gain.

Up to the present, the Maternity and Child Welfare Sub-Committee has not taken over the care of the destitute children under five years of age.

As regards the working of the Infant Life Protection section of the Children Act, each health visitor is the appointed inspector of young children who are taken for gain.

During 1932, the existing law was amended, and the main alterations in the new Act which is now operating are :—That the provisions of the Act apply to all children up to the age of nine years (not seven), who are taken for gain ; that the notice to the local authority shall be sent before (and not after) the reception of the child, and before the transfer of the child, where possible ; the type of premises and nurse-woman considered unsuitable are more defined, giving a wider basis on which to formulate refusals in certain cases. These amendments should ensure that children are not placed in unsuitable premises, with unsuitable persons, and are not lost sight of, when moved from house to house. Actually in practice, it is rare for a notice to be received from a nurse-woman before the reception of the child, and many cases are reported only after they are discovered by the health visitor. The requirements as to the removal of a child are more promptly carried out, as the nurse-woman is made aware of these when registration is granted.

Special record cards are in use for the purpose of recording particulars as to the type of nurse-woman, premises, other occupants of the house, and the provision made for and the condition of the nurse-child. A separate cot is insisted on for all infants, and the use of a fire-guard is stressed by the health visitor. The preliminary visit is paid as soon as the health visitor is aware that there is a child who comes within the provisions of the Act. In any grossly unsuitable case, the health visitor is usually able to arrange for other provision to be made for the child, without delay, otherwise her report on the unsatisfactory nature of the case is communicated to the monthly meeting of the M. and C.W. Sub-Committee. Actually, therefore, the number of cases in which registration is refused by the Committee is small. In all approved cases, monthly re-visits are paid, to ensure that a satisfactory standard is maintained for these children.

During 1934, 877 visits were paid to children in the care of persons who receive them for reward. Registration was refused in 3 cases, but legal proceedings were not necessary to obtain suitable accommodation for the children in question.

At the end of the year there were 156 persons and 161 children on the Infant Life Protection Register.

Treatment at the School Clinics.

By arrangement with the School Medical Services Department, treatment is available at the following clinics for children under five years of age who are referred from the Maternity and Child Welfare Department : Artificial Sunlight, Orthopaedic, Ear, Nose and Throat, Eye Diseases and Defects of Vision, Minor Ailments, including Skin Diseases and Dental Caries. In addition, dental treatment is available for expectant and nursing mothers as well as for children under five years of age.

Dental Clinic.

One of the School Dental Surgeons sets aside one afternoon of each week for the treatment of mothers and children under five years of age. During the year under review, this provision did not always prove adequate to deal with the number of cases recommended for treatment, and the situation was met by the holding of additional weekly sessions from time to time, as required.

Details of the work done during the year are set out below :—

The corresponding figures for the previous year are shown in brackets.

Number of Cases	183	(176)
Number of Attendances	441	(363)
Extractions—Permanent Teeth	583	(352)
Temporary Teeth	246	(186)
Anæsthetics—Local	235	(166)
Gas	5	(9)
Fillings	24	(15)
Scalings	9	(9)
Dentures	20	(23)
Prosthetic Dressings	84	(83)
Dressings	7	(6)
Consultations	25	(48)
Repairs	2	(8)
Number of Sessions held	54	(45)
Number of Cases under Treatment on 31st December, 1934	36	(27)

The following extracts are taken from the report for 1934 of the School Medical Officer :—

Artificial Sunlight.

Only one child was found unsuitable, but received orthopaedic treatment instead. In the majority of cases, two courses are given, but some require more.

The total number of infants who finished their treatment during 1934 was 128 and they may be divided into four groups as follows : Rickets 77, Malnutrition 20, Debility 19, Various 12.

Rickets : Out of 77, good or very good results were obtained in 64 children. The remaining 13 were classified as fair, but irregular attendance was a factor in this result.

Malnutrition : Most of these cases did remarkably well, especially those infants suffering from Marasmus.

Debility : In practically all these cases, improvement in general health was more noticeable than increase in weight.

Various : All cases were favourably affected. Good reaction was obtained in four cases of anaemia.

Abandoned Treatment.

About 10 cases, after being examined, did not return for treatment and another 34 attended so irregularly as to vitiate the results. The causes of non-attendance are chiefly domestic difficulties. From the reports of mothers and from the experience of the Medical Officer in charge of the Artificial Sunlight Clinic, the results of ultra-violet radiation more than justify the expense and trouble incurred.

Orthopaedic Clinic.

There were 94 children under five years of age admitted to the clinic as new cases during the year. Many were referred for diagnosis and advice concerning some deformity, often slight, but of real concern to the parent. In 55 cases no treatment was recommended, in 9 cases the treatment advised was remedial, while instruments were recommended for 11 cases. For the remaining 19 cases, in-patient treatment was advised.

In addition, there were 78 old patients treated during the year.

The Orthopaedic Surgeon, Mr. Leslie Morris, remarks :—"It should be noted that no case of rickets with deformity has been referred by the City School Medical Officers during the year, indicating a very satisfactory condition of the upbringing of the infants of the City. It also demonstrates the value of the Maternity and Child Welfare work in its detection and treatment of early rickets, and will have a far-reaching effect in later years in reducing incidence of constitutional diseases, obstetrical complications and the arthritis of later life."

Other Clinics.

There were 181 children under five years treated for defects of ear, nose and throat, skin and visual defects.

Ophthalmia Neonatorum.

During the year the number of cases notified was 24, and of these there was no impairment of vision in 23 infants. The remaining infant died of an intercurrent disease. Many of the cases were of a very mild nature and responded to domiciliary treatment within a few days. Hospital treatment is available for mother and child in severe cases which cannot adequately be dealt with in their homes. As soon as a notification is received the health visitor investigates the case and keeps in constant touch while treatment is being carried out.

Birth Control Clinic.

The establishment of a Municipal Birth Control Clinic was sanctioned by the City Council in 1930, and the first session was held on

26th March, 1931. At the outset advice was restricted to those married women attending Maternity and Child Welfare Centres who needed it on medical grounds. Later the scope of the Clinic was widened to include all married women needing the advice on medical grounds. In 1933 the Leicestershire County Council applied for similar cases from their area to be admitted to the Clinic.

A weekly session is held at 18 King Street and each patient is interviewed by the M. & C.W. Medical Officer who is in charge. All patients accepted for advice are medically examined and instructed in the use of the method of contraception considered most suitable. Patients return to the Clinic, as required, and all women who have been advised are followed up from time to time.

The following particulars refer to the year 1934 :—

(The figures in brackets refer to the previous year.)

	City.	County.	Total.
Number of patients who sought advice	90 (73)	25 (14)	115 (87)
Number of patients accepted for advice	81 (69)	25 (13)	106 (82)
Number of patients who were refused advice	9 (4)	— (1)	9 (5)

Concerning the 106 women who were accepted for advice, the following are particulars of the medical reason for the advice :—

		City.	County.	Total.
Husband :	Active Tuberculosis ..	1	—	1
Children :	Tuberculous	1	—	1
Patient :	Active Tuberculosis ..	4	5	9
	General Debility	26	5	31
	Gynaecological condition ..	8	5	13
	Complications of Pregnancy and Childbirth	23	5	28
	Abnormal Pelvis	5	—	5
	Epilepsy	2	—	2
	Kidney Disease	3	2	5
	Heart Disease..	3	1	4
	Various other conditions ..	5	2	7
		81	25	106

Cases in which Advice was Refused.

The number of women who were refused advice was nine, and this includes three women who were eligible for advice but were found to be pregnant. The number of refusals—a comparatively large one in the early days of the clinic—continues to be a small one, due probably to the fact that the scope of the clinic is becoming more generally known, and doctors and others who refer patients to the clinic now realise that it is only "women where there are medical grounds rendering further pregnancy undesirable," who can be accepted for advice.

Follow-up Work.

The necessity for keeping in touch with all women advised has been kept in mind from the inception of the clinic and is accomplished by various methods.

With few exceptions, this follow-up has been possible and a periodic survey of the records is made, and enquiries instigated concerning patients who have not re-attended the clinic for some months.

In the last annual report a summary was made of the condition of those women who had been accepted for advice up to the end of the second year of the Clinic. It is found that any such summary, made annually, is rather confusing as it cannot include the women advised during the year under review, so that it will be of more value to summarise the results at intervals of about three years. Meanwhile, the information is being collected and it is from this follow-up work that one is able to assess the true value of the work of the Clinic. It is evident that there will always be a small proportion of women who will not take any trouble to carry out instructions, although it is in their own interests to do so. But to some women these instructions are not easy to follow, due to personal inability, or lack of domestic facilities. There are others who would seem to have some aesthetic objection to any method of contraception and they are extremely difficult to teach. Further, we must admit that there is no one method of contraception which is absolutely "safe," so that in assessing results of treatment, the word "success" should be omitted.

Thus we must admit that, for various reasons, the object of a Birth Control Clinic—to avoid or to space a further pregnancy—is not always attained, though a large percentage of those women accepted for advice have not become pregnant.

From the detailed obstetric history taken, and as a result of medical examination, the presence of some gynaecological condition is often discovered at the Clinic. Where practicable such patients are recommended for further advice and treatment and the improved health of these women following treatment is an important and encouraging feature of the Birth Control Clinic.

Puerperal Pyrexia and Puerperal Fever.

During the year 51 notifications were received; 38 cases of Puerperal Pyrexia and 18 cases of Puerperal Fever. The following tables set out various data of interest concerning these cases:

	Puerperal Pyrexia.		Puerperal Fever.	
Notifications		38		13
Confined at home	21		7	
Confined in a Maternity Home or a Hospital	17		6	
	—	38	—	13
Treated at home		6		2
Treated at a Maternity Home or Hospital		6		—
Treated at City Isolation Hospital		24		7
Treated at City General Hospital		2		4
		38		13

Result of Treatment:	Puerperal Pyrexia.		Puerperal Fever.	
	Recovered.	Died.	Recovered.	Died.
At home	6	—	2	—
In a Maternity Home	6	—	—	—
In City Isolation Hospital	23	1	6	1
In City General Hospital	1	1	1	3
	36	2	9	4

The attributable causes in the 38 cases of Puerperal Pyrexia were: Intercurrent disease 8, adherent or retained placenta 10, phlebitis 4, breast abscess 2, abortion 2, difficult labour 4, albuminuria 1, cause not defined 7.

The attributable causes in the 13 cases of Puerperal Fever were: Difficult labour 1, abortion 2, ante-partum haemorrhage 1, retained placenta 2, tonsilitis 1, mastitis 1, cause not defined 5.

Under the notification of Puerperal Pyrexia and Puerperal Fever Regulations, a medical practitioner may seek the co-operation of the Public Health Authorities in four ways, viz.: a bacteriological examination, a second medical opinion, a trained nurse, and hospital treatment. Actually, in practice, hospital treatment is the usual line of treatment, though a second medical opinion was sought in 5 cases of puerperal pyrexia or fever.

From the above figures it will be seen that 24 cases of puerperal pyrexia and 7 cases of puerperal fever were removed to the City Isolation Hospital. It is now customary to transfer from the Municipal Maternity Homes all cases of pyrexia of doubtful origin, and the procedure of removing to Hospital domiciliary cases of this nature should be encouraged, as it is neither easy nor satsifactory to provide at home adequate treatment for a patient with a temperature of obscure origin. Further, the midwife is not free to attend any other case, owing to the risk of infection, and even her frequent visits under medical instructions cannot be as satisfactory as hospital treatment.

As regards the cases of Puerperal fever, these are not so numerous, though a diagnosis of "pyrexia" is often changed to one of "fever" during treatment, and the very nature of the case usually calls for institution treatment at the beginning of the disease.

Obstetric Consultants.

Concerning a second medical opinion, Memo 156/m.c.w. of the Ministry of Health authorises the services of a consultant, and these are now available, from a panel approved by the Local Authority, in all cases of difficulty arising ante-natally, or during the confinement or lying-in period.

During 1934 a consultant was called in for 13 cases for the following emergencies : Toxic vomiting 1, pre-eclamptic state 1, albuminuria 2, difficult labour 1, retained placenta 3, puerperal pyrexia 4, puerperal infection 1. In 6 cases removal to hospital was advised ; the remaining 7 cases responded to treatment at home or in the Maternity Home where the original illness occurred.

Maternal Mortality.

During the year there were 19 maternal deaths registered, including deaths associated with but not strictly due to childbirth. Of these, 8 were due to sepsis, 8 were due to "other accidents and diseases of pregnancy and parturition," and 3 were due to intercurrent diseases. As the gross number of live births registered was 3,749 (corrected number was 3,417, but for this purpose the gross number is the figure to be taken), this gives a maternal mortality rate of 5.06 per 1,000 live births, as compared with 4.83 in 1933, and a puerperal sepsis rate of 2.13 as compared with 1.69 in 1933.

The figures for England and Wales for 1934 are a maternal mortality rate of 4.6 and a puerperal sepsis rate of 2.03 per 1,000 live births.

Through the cordial co-operation of the various members of the medical profession concerned, it has been possible to obtain the fullest details concerning the pregnancy and confinement in all these cases. (Confidential reports, on a prescribed form, are forwarded periodically during the year to the Ministry of Health, for the use of the Maternal Mortality Investigation Committee.)

In 12 women, the initial illness or confinement took place at home, while the remaining 7 women were in an institution. All the women were ultimately treated in an institution.

The causes of death in the 19 cases were certified as follows: Puerperal sepsis 3, septic abortion 4, pneumonia followed by abortion 1, cerebral haemorrhage with incomplete abortion 1, pulmonary embolus 2, uraemia with abortion 1, toxaemia of pregnancy 1, eclampsia 1, placenta praevia 1, obstetric shock 1, ruptured ectopic gestation 1, tuberculous laryngitis associated with parturition 2. A coroner's inquest was held concerning three of the deaths, in which there was some suspicion that the abortion was not a natural one.

Some indication of the physical and social conditions of these women may be of interest. In 9 of the women there was a definite history of previous ill health, while the remaining 10 women had always enjoyed good health. Two of the women were unmarried and in only two women could one say there was any degree of poverty. In 9 women this fatal termination occurred during their first pregnancy, 8 women had had one or two children, while the remaining two women were the mothers of large families.

In no instance was there any delay in removing the patient to hospital once the condition of the patient had become known, though it is regrettable that in two cases the patients themselves allowed valuable time to elapse before seeking medical aid.

If one excluded from the above list the cases of septic abortion which were of a suspicious nature, and also the deaths due to intercurrent disease, e.g., tuberculous, then a maternal mortality rate representing the deaths due directly to pregnancy and childbirth would be a very much smaller figure than the one given above.

A circular issued by the Ministry of Health during 1934 draws attention to the subject of maternal mortality, with special reference to those areas where the rate is persistently high. Although Leicester City does not fall into this category, having a rate which compares favourably with the rest of England and Wales, nevertheless, it is fitting that the Maternity Services should be surveyed from time to time, in order that this rate should at least be maintained, even though it may not be possible to bring about further marked reduction.

To this end it is desirable that every woman should have skilled and adequate attention from the earliest days of her pregnancy until well after her confinement.

Ante-natal Supervision.—It is now the custom for a woman, pregnant for the first time, to seek advice from a doctor, a midwife, or at an ante-natal clinic. The responsibility thereafter should be accepted fully by the person thus selected. Although this supervision will not eliminate every source of danger from the ultimate confinement, yet it has great possibilities if carried out with thoroughness and persistency.

The mother of a large family is not quite so ready or able to seek ante-natal supervision, and absence of complications hitherto tends to make her indifferent.

It is here that the health visitors, as well as the midwives, without alarming the mother, are able to advise her that every pregnancy needs supervision.

The Abnormal Case.—The facilities for consultant service and hospital beds for the abnormal patient are adequate ; it now remains to encourage the persons concerned to avail themselves of these facilities.

The Confinement and Lying-in Period.—The provision of maternity beds within the city is adequate and the low death-rate amongst the patients who have booked into the various institutions, or are admitted there as emergencies, justifies the conclusion that the treatment is efficient.

But there will always be a large percentage of confinements which take place at home. Where the patient engages a midwife it is now her duty to see that the home conditions and preparation are satisfactory. But while the supply of midwives is more than adequate for the needs of the city, it is natural that some midwives are slow to refuse to attend a patient whose domiciliary arrangements are not good. The midwives are constantly being reminded during inspection of the need for a reasonable standard in this connection.

An appreciable number of confinements are still attended by a doctor and a handywoman or other untrained person. It seems desirable at this stage to devise a scheme to eliminate the handywoman as such and to ensure that every lying-in woman should have the services of a trained nurse, with or without a medical attendant. This has now been made possible in the case of those women who seek the services of the District Medical Officer, through the Public Assistance Committee. They are informed at the time of applying for a medical attendant that they can also have the services of the midwife of their choice, to act as maternity nurse, and that the nursing fees will be paid by the local authority (the Health Department). This scheme was introduced early in 1935.

The Abnormal Case.—The abnormal patient is provided for by the services of a consultant or by admission to the appropriate institution. A recent addition to the Leicester Royal Infirmary has been made in the provision of a "maternity block," for the treatment of obstetric emergencies.

From the foregoing remarks it may be concluded that as far as the Public Health Services are concerned the various facilities are adequate.

I have again reviewed each maternal death which has occurred within the city during the past five years—the number varies from 15 to 20 per annum—and can only repeat what I have stated in each annual report, viz., that in the majority of these cases the result was unpreventable. It should be noted that these figures include those women who were suffering from some serious condition such as Tuberculosis, Heart Disease, etc., and for them the additional strain of child-bearing proved too great.

Septic abortions each year help to maintain the maternal mortality rate at its present level. A maternal death, under any circumstances, is a tragedy, and all the more so in those cases where there is a suspicion or evidence that interference has taken place. It is my frequent experience to be told by patients at the ante-natal clinics that they have taken every known step short of an illegal operation to terminate the pregnancy, and I am even asked to give them advice to this end. This practice, in itself, does not make for safe motherhood when the patient's health and that of the unborn child has been undermined from the beginning.

While I would welcome publicity and propaganda on the dangers of abortions—a fact which is constantly being stressed at our Infant Welfare Centres—I am more reticent to enlarge upon the dangers of child-bearing, definite though they may be. Women are being scared by all that they read concerning maternal mortality, half of which is said to be preventable, a statement which I am not able to accept.

A public opinion has certainly been created, but I am left with the opinion that it is a matter more for every individual associated with the patient—the health visitor, the midwife, the doctor—to see to it that his or her supervision and examination, advice and treatment are such that the patient is properly prepared, mentally as well as physically, for a function which by her should be regarded only as a natural one. Further, that during the confinement and lying-in period, every care and attention should be afforded her. Thereafter, in the present state of our knowledge, we could truly regard every maternal death as inevitable or unpreventable.

Infant Mortality.—There were 180 deaths in infants under one year during 1934. This is considerably less than in 1933 when there were 242 such deaths. Further, the corrected number of births was 3,417 (an increase of 175 over the previous year) so that an infant mortality rate of 52.68 per 1,000 births, as compared with a rate of 74 in the previous year, is definitely satisfactory.

The infant mortality rate for England and Wales was 59 and for the Great Towns 63, so that the Leicester figure compares favourably with the rest of the country.

One observation concerning the infant deaths should be made, viz., that the greatest number of deaths under one year are neo-natal deaths, i.e., they occur in infants under four weeks of age. There were 94 such deaths during 1934, and of these no less than 71 were in infants under one week old. Further, this figure—71—includes 51 deaths from premature births and it would appear that this cause alone is a very definite factor in maintaining the infant death-rate.

The causes of premature birth are various, but the above observations are a clear indication that to maintain the infant mortality rate at its present level every effort should be made to assist the pregnant woman to carry her child to maturity and so give it a better chance of survival.

Staff.

An additional Health Visitor was appointed during 1934. Miss H. S. Beattie, who had been a temporary health visitor for some months, was placed on the permanent staff and Miss H. Hird was appointed as a temporary health visitor in place of Miss E. R. Matthews, who is still undergoing medical treatment.

E. B. BERENICE HUMPHREYS.

29th May, 1935.

APPENDIX V.

Report of the City Analyst

For the Year 1934.

By F. C. BULLOCK, B.Sc., F.I.C.

Public Analyst and Official Agricultural Analyst.

I beg to present the report on the work carried out in the City Laboratory during the year ending 31st December, 1934.

Food and Drugs (Adulteration) Act, 1928.

Under this Act, 1099 samples were received, as follow :—

Milks	746
Miscellaneous Foods	249
Miscellaneous Drugs	104

For details, see Table A.

34 milk samples, or 4.6 per cent. of the total number of milks, were reported against. (3.8 per cent. in 1933.)

19 foods, or 7.6 per cent. of the total number, were reported against. (6.4 per cent. in 1933.)

All the drug samples submitted were passed as satisfactory. (6.4 per cent. condemned in 1933.)

Milk.

Altogether, 825 samples of milk were examined for chemical composition, 746 being submitted by district Sanitary Inspectors under the Food Adulteration Act. The average composition of the latter was :—

Fat	3.64 per cent.
Solids not Fat	8.86 ,,

As in previous years, the most frequent reason for a milk sample being placed in the "not genuine" category was deficiency of fat. Fat deficiencies ranging from 5 to 18 per cent. occurred in 23 samples, the deficiencies being calculated on the presumptive standard of 3.0 per cent.

Compared with the average fat content of all samples of 3.64 per cent., the 3.0 per cent. standard is a lenient one, and might very well be made an absolute standard.

Unfortunately, no confirmatory test has yet been devised (on a par with the Freezing Point test which proves the presence of added water) which will decide whether fat has actually been abstracted from milk of normal composition, or whether fat deficiency is due to less reprehensible causes.

Hortvet's Freezing Point method was used throughout the year on 125 samples, including all samples showing deficiency of non-fatty solids.

In 9 cases the presence of added water was considered proved. In the case of 14 samples where the non-fatty solids were below the presumptive limit of 8.5 per cent., the samples were passed as "genuine" on the strength of the Freezing Point depression being more than 0.530° Centigrade.

In the face of this experience, which no doubt is typical of that of other Public Analysts, it is difficult to understand the opposition which exists to the use of the method in certain quarters. It is only an attempt at a short cut to arrive at the truth ; and not only saves the Authority the expense of many legal proceedings, but also saves the vendors of unadulterated but low quality milk the trouble of bringing a whole train of witnesses to court to prove their innocence.

All the samples of milk received were tested for Boron compounds, Formaldehyde, Hydrogen Peroxide and Nitrite preservatives with negative result.

One sample (No. 10) was reported "not so clean as is desirable."

Butter.

26 samples of butter received were all satisfactory as regards moisture content, freedom from foreign fats, absence of preservatives and of excess acidity. The average moisture content was 13.61 per cent.

Lard.

One informal sample (No. 359) contained 2.25 per cent. of Free

Fatty Acid, the accepted limit in edible fats being 1 per cent. (calculated as Oleic Acid). Amounts in excess of this indicate old stock, and such samples usually have an "ointment-like" odour.

A following-up formal sample (No. 363) also contained excess acidity.

Shredded Suet.

Two informal samples (Nos. 393 and 120), both the same brand, were reported against, containing respectively 1.47 per cent. and 1.29 per cent. Free Fatty Acid. The latter sample also contained an excessive amount of starchy filler, the total amount of fat present being only 79.5 per cent. of the sample.

There is no legal ruling on the composition of Shredded Suet; but a resolution passed by a Committee of Public Analysts in 1931 that samples containing less than 83 per cent. of fat should be reported "adulterated" has been generally accepted.

It may be mentioned that several brands of this convenient commodity have been put on the market in recent years in which no added starch is used. These samples analyse nearly 100 per cent. of fat, and the shreds appear to keep separated quite satisfactorily.

Potted Meat.

Complaints in previous years have been in respect of starchy filling material, or the use of preservatives contrary to the regulations.

Of 21 samples received in 1934, 5 were condemned on account of excess water content (i.e., over 70 per cent. water). A good deal of discussion has taken place from time to time concerning what should be the composition of Potted Meat; and the adoption of some generally acceptable standard seems to be called for. The drawing up of such a standard is not quite so straightforward as would appear, since, besides the question of food value, that of consistency and "spreadability" enters. And the consistency is not merely dependent on water content, but is affected also by the fat and salt content and the presence of small amounts of other substances which may or may not legitimately be present.

Two things seem clear: (1) Samples of Potted Meat should be free from preservative; (2) Samples should also be free from all starchy filling material, unless described as meat *paste*.

A maximum water content of 70 per cent. easily includes the majority of present day samples; if the water exceeds that figure, it is either self-evident by the gravy-like appearance of the sample, or special steps have been taken by the maker to enable the meat to retain the large amount of water.

Four of the condemned samples, Nos. 857, 859, 862 and 863 had a firm elastic feel, and bounced when dropped. They all contained gelatine. The remaining sample (No. 858) was very soft and wet.

Gelatine is a normal ingredient of meat products and it was not possible to decide whether extraneous gelatine had been used or not. No sulphur dioxide, as a criterion of added gelatine, was detectable in any of the four samples. In any case, whether the gelatine was added or not, it seems fair to say that the water associated with it was certainly ". . . increasing the bulk to the prejudice of the purchaser."

The Departmental Committee on the Composition and Description of Food, which reported in March, 1934, recommended that the power to fix standards should be used where necessary for the protection of public health or the protection of the pocket of the consumer, the guiding principle being that the same term, as far as possible, should always mean the same thing.

Where potted meat contains more than a normal amount of water, the pocket of the consumer is at stake, and the principle of adopting a standard is justified.

The average water content of 51 samples analysed between 1929 and 1932 was 55.0 per cent.

The average of 16 genuine samples in 1934 was 58.0 per cent. water. A maximum of 70 per cent. water would therefore be a reasonably lenient figure to adopt.

Sago.

In two instances (Nos. 11 and 15) Seed Pearl Tapioca, pure white in colour, was supplied when Sago was asked for. This irregularity was discussed in the 1931 report.

Mustard.

Sample No. 875 was reported "inferior" since, although sold as a mixed article, it contained an unusually high percentage of added starch (25 per cent.). It is remarkable that, although pure, unadulterated mustard is on sale, described as such and labelled "genuine mustard" by the packer, a mixed article containing usually about 8 per cent. starch and artificially coloured commands a bigger sale at a slightly higher price. It is possibly because the latter grade is described by the maker as "Double Super Fine," and this not unnaturally suggests superior quality to the average purchaser.

Talc in Sweets.

A sample of "Crystal Humbugs" (No. 366) belied its name, partly through being old stock, and partly because of a dull coating of French chalk (talc) applied by the maker to prevent sticking. The talc so added constituted 0.43 per cent. of the total weight of sweets. A maximum of 0.2 per cent. would cover all manufacturing contingencies, but the use of French chalk in any amount seems both undesirable and unnecessary.

Non-alcoholic Cordials.

Of six samples examined, five contained Benzoic Acid preservative. One sample (No. 61) contained 630 parts per million, the maximum amount permissible being 600 p.p.m. The manufacturer stated that 550 p.p.m. was the amount in the recipe, but only one batch in three was checked by analysis. In future every batch would be checked.

Pearl Barley.

Of four samples examined, three contained French chalk facing in weighable amount, and one (No. 25) contained 0.69 per cent., which is excessive. This same sample also contained traces of sulphite bleach not found in any of the other samples.

Jam.

One sample of Full Fruit Standard Strawberry Jam (No. 795) was incorrectly labelled. Arising from our complaint, the vendor submitted two further samples (Nos. S32 and S33) both of which were incorrectly labelled. Letters were later received from the two makers concerned promising to amend the labels.

Sugar.

A suspected sample of sugar (S34) was submitted under Section 17 (2) because of a green appearance which developed when the sugar was wetted. The phenomenon was accentuated, almost to the point of looking objectionable, when the wetting medium was milk. It was found that the appearance was due to the presence of a film of dye over the surface of the crystals. On washing with alcohol the dye was removed, so that on wetting subsequently the green colour did not appear. Sugar, like linen, is often "blued" to give a whiter appearance, but normally the amount of colouring matter used is so small as to be negligible. The colours used are harmless.

Drugs.

There is little to comment on the drug samples received, all of which were passed "genuine."

Hydrogen Peroxide.—Of 15 samples examined, 13 were of correct B.P. strength. Nos. 32 and 33 were "twenty volume," or double B.P. strength, but suitable declarations had been made on the labels.

Chlorinated Lime.—Six samples were submitted and 3 were of correct B.P. strength. The other 3 (Nos. 897, 898 and 899) contained only 16 per cent. available chlorine (i.e., about half the B.P. amount), but they were not guaranteed full strength and were stated to be of commercial quality.

Bacterial.

The following is a summary of samples examined by bacterial methods during the year :—

Milks (classified in Table D)	434
Reservoir Water (for Water Committee)	78
Drinking Waters (for Health Committee)	2
Bath Waters (do.)	62
Mussels (do.)	3
Milk Bottle (Private)	1
Rideal Walker Coefficients of Disinfectants	12
Total	592

It will be seen from an examination of Table D that the graded milks on sale locally are on a pretty satisfactory basis, particularly the Grade "A" (T.T.) supply.

The same cannot be said of Pasteurised Milks in which the percentage of satisfactory samples dropped from 90.0 in 1933 to 71.5 last year. It may be repeated here, moreover, that the position of pasteurised milk cannot be considered satisfactory until it has to conform to some standard regarding the presence of B. Coli. This, perhaps some would say over-laboured, microbe is nevertheless a semi-pathogenic organism, and its suppression by the pasteurising process would be a far better indicator of the efficacy of that process for rendering the milk safe from T.B. than would the fact that the final milk contains not more than 100,000 organisms per c.c. of unknown character.

It is anomalous that from time to time we have to pass a sample as complying with the prescribed conditions of a Pasteurised Milk, whereas if judged by our local standards for ordinary milk it would be condemned because it contained B. Coli in 1/1000 c.c.

Sterilised Milk.

Milk admitted to have been boiled should at least have the remaining virtues of boiled milk including low bacterial count and correspondingly good keeping properties. The standard adopted some years ago of a maximum count of 1,000 organisms per c.c. seems fair and meets the case of most supplies. Four samples out of sixteen failed to reach this standard, one sample (No. 1207B) having a count of 570,000 per c.c.

School Milks.

The "Milk in Schools" scheme has resulted in an increased consumption of milk by young scholars, and proportionately more samples are now examined. The grade selected by the Education Committee is Pasteurised Milk, and besides the bacterial test, each sample is analysed for Fat, Non-Fatty Solids, Preservatives, etc. Glass particles are searched for in any bottle showing signs of flaw.

The possible danger of small glass particles being sucked up through the straws has been taken up strongly with the contractors.

Minute spicules of glass were found in 2 bottles out of 36 received.

Reservoir Waters.

These are tested for bacterial content and for residual chlorine to check off the efficiency of the chlorinating process and to ascertain that the finally treated water is up to a safe drinking standard. In every case the water as delivered to consumers had B. Coli absent in 100 c.cs. and was free from chlorine taste.

Bath Waters.

A further improvement occurred in the percentage of samples passed as satisfactory. The following figures refer to samples taken from indoor Swimming Baths run by the Corporation :—

Year.	1932	1933	1934
No. of Samples	90	77	51
Percentage satisfactory ...	43%	54.5%	74%

The standards and system of sampling adopted early in 1932 have been found workable.

Standards :

(1) The free chlorine shall not exceed 0.5 part per million.

(2) The total number of colonies developing in 24 hours on Nutrient Agar at Blood Heat shall not exceed 1,000 per ml.

(3) Bacillus Coli shall not be present in more than two out of five 10 ml. tubes.

System of Sampling :

Each bath is sampled the first week it is open to the public for the year. If the water fails on any one of the above tests, it is sampled again weekly until a satisfactory sample is obtained. It is then sampled again after a fortnight, and if still satisfactory it is sampled thereafter once a month.

If the first sample from a bath is satisfactory it is sampled again after a fortnight and thereafter monthly while it remains satisfactory.

It thus follows that the number of samples required to be taken is inversely as the quality of the water ; and the drop in the number of samples taken in 1934 is explained.

An improved condition of the water is noticeable chiefly at Spence Street and Aylestone where new plant has been installed. Bath Lane ceased to function early in the year and the baths have now been dismantled.

A large privately-owned open-air swimming pool was opened to the public in the summer just inside the City boundary at Knighton. Up-to-date filtration and chlorinating plant was installed, but for some reason not put into commission. Consequently the water failed to reach the necessary bacterial standards. It is expected that this will be remedied in 1935.

The complete summary of Bath Water samples is given in Table E.

Mussels.

Two samples, Nos. 1049 and 1150, gave indications of having come from polluted beds, the standard method of Klein employed by the Worshipful Company of Fishmongers being used. A third sample from the same source (No. 1092) just complied with the 60 per cent. standard of cleanliness required.

Fertilisers and Feeding Stuffs Act, 1926.

Of 15 miscellaneous samples taken informally under this Act (see Table F), all were satisfactory in composition except three samples of Sussex Ground Oats ; these contained an excessive amount of fibrous material, and would have a correspondingly low feeding value.

The maximum amount of fibre likely to occur in genuine Sussex Ground Oats is 12 per cent., whereas these three samples contained respectively 15.4 per cent., 15.4 per cent. and 17.3 per cent. fibre.

No declaration of fibre content is required under the Act for Sussex Ground Oat samples, but added husks or glumes have to be declared. It was not possible to state conclusively whether the high fibre was due to grinding very thin oats, or whether extraneous husk had been added, but the figures obtained raised a very strong presumption that the latter was the case.

Experience shows that vendors of Feeding Stuffs and Fertilisers have now mostly come into line with regard to issuing Statutory Statements of composition with each parcel sold. In one sample of Sharps (No. 34/FF/2) no declaration of the amount of fibre present was made. In another case (34/FF/10) the Phosphoric Acid present was wrongly declared as tricalcium phosphate.

This particular sample—a Compound Fertiliser—complied in composition with the Statutory Statement, but was of such low fertilising value as to be little better than ordinary soil. This raises the interesting point as to what constitutes a Fertiliser and whether a minimum composition should be fixed below which an article should be considered as having no fertilising value.

To the uninitiated any printed analysis may look imposing, although the significant figures may all be on the wrong side of the decimal point.

Rag Flock Act, 1911.

Five samples were received under this Act, and all showed the necessary degree of cleanliness (Table G).

Atmospheric Pollution.

Three Standard Deposit Gauges were maintained throughout the year. The average amounts of polluting material per month are shown in Table L.

The improvement at Town Hall recorded in last year's report was maintained in 1934. The long dry summer was suggested last year as the possible cause of the low figures in 1933. It is only fair to suggest now that the slow decentralisation of population as a result of slum clearance, and the increasing use of gas and electricity may be beginning to tell. If so, the lower figures recorded during the last two years should be maintained or decrease further still.

The figure for total deposit at Jarvis Street is very close to that for Town Hall ; the material is slightly different in character, however, there being more soot and less ash in the insoluble matter deposited at Jarvis Street.

The gauge on the East side of the City was transferred from Humberstone Park to a spot in the grounds of the Mental Hospital on 1st April. Occasional accidental interference had invalidated some of the results at the previous position. The new position has not proved ideal owing to occasional contamination by birds. Better results would be obtained a few yards away, but a firm fence would be required to protect the gauge from cattle.

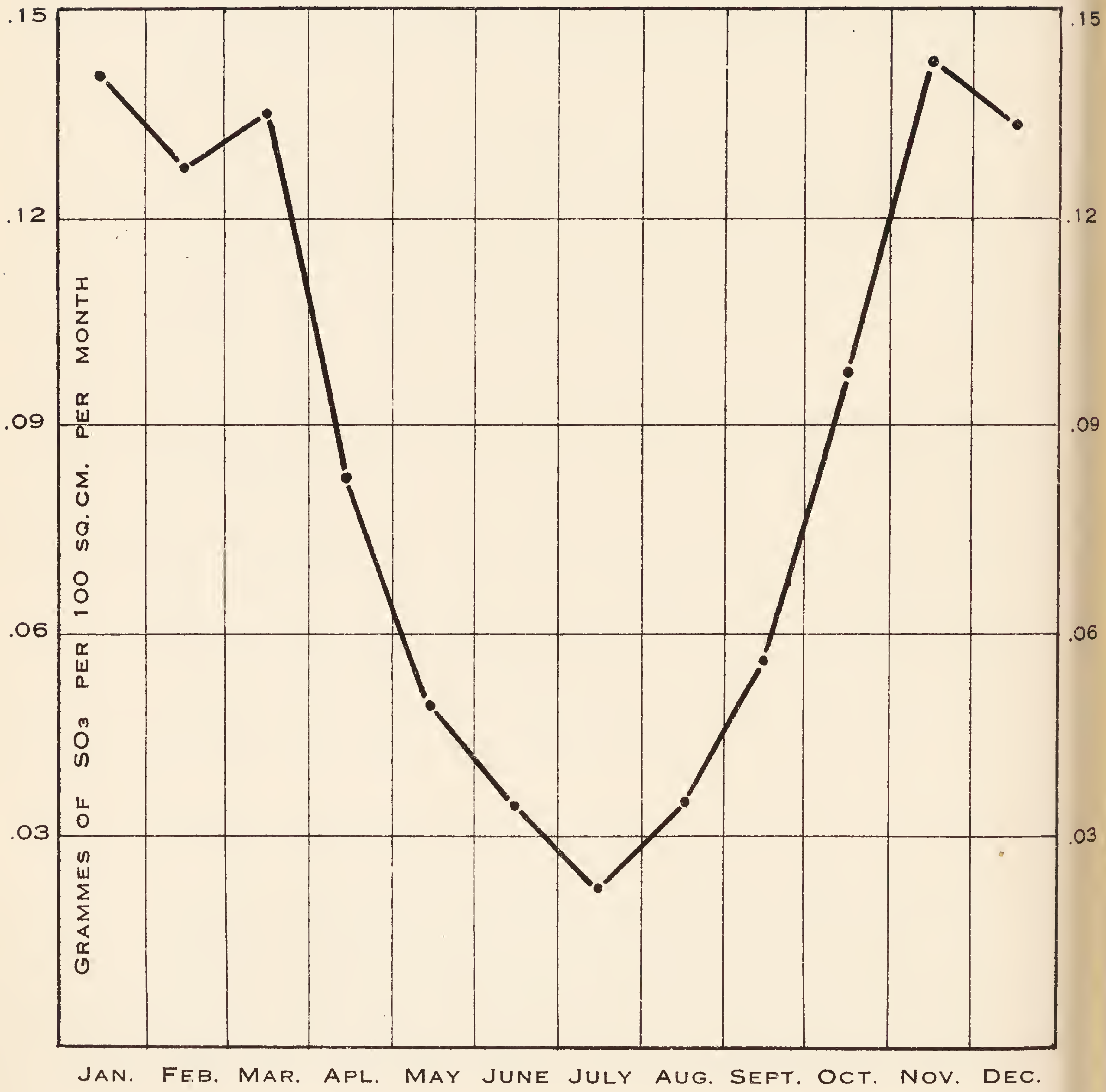
Sulphur Impurities in the Atmosphere.

Many readings were obtained of the sulphurous acid in the atmosphere at the centre of the town by means of the volumetric apparatus mentioned in the 1932 report. Since the apparatus requires a continuous stream of water to work it readings were curtailed during the summer on account of the water shortage. A few selected results are given below ; in general we find that, keeping other conditions constant,

GRAPH VIII

MONTHLY VARIATION OF AMOUNT OF SULPHUR DIOXIDE IN THE ATMOSPHERE OF TOWN HALL DISTRICT

1ST JANUARY, 1934, TO 31ST DECEMBER, 1934.



the sulphur impurities in the atmosphere are higher in winter than in summer, in the daytime than at night, in the town than in the country, in dry weather than in wet weather, in still weather than in windy weather, and rise very greatly during fog.

Time.	Sulphur Dioxide in 100,000,000 volumes of Atmosphere.
Average daytime reading in January	17.0
9.0 a.m.—11.30 a.m., 15th February (foggy) ...	109.0
11.30 a.m.—3.0 p.m., do. (fog clearing)	64.0
10 a.m.—5.0 p.m., 20th February (warm, bright, clear)	15.0
9.0 a.m.—6.0 p.m., 31st May (fine, sunny)... ...	4.0
Average daytime reading in October	12.0
Average night reading in October	6.0
Average reading in November	17.0

The simpler method of measuring sulphur in the atmosphere evolved by the Building Research Association was tried out through the year and found to have many advantages. The method is, briefly, to expose a cylinder of known superficial area covered with an absorbent surface of lead peroxide to the atmosphere for any definite period, and then to determine the amount of lead sulphate formed by chemical absorption of the sulphur gases from the atmosphere.

Cylinders were exposed for periods of one month throughout the year on the roof of the Town Hall ; the results are shown graphically in Chart No. VIII.

Miscellaneous Work.

Table J shows details of a large variety of samples examined on behalf of the Health Committee and twelve other Committees and Departments of the Corporation.

There is only room to refer to one or two matters of special interest.

Black Currant Jam.

A number of samples of jam and fruit pulp were examined in connection with a suspected supply at one of the Hospitals. The first sample examined contained only 23 per cent. of black currants, whereas the minimum quantity of fruit in Full Fruit Standard Blackcurrant Jam should be 30 per cent.

Later samples showed slight excesses of preservative, the presence of foreign tissue and seeds, and repeated deficiencies of the named fruit. The firm supplying lost the contract.

Human Milk.

56 samples of breast milk were analysed for the Maternity and Child Welfare Department. The samples were submitted in cases where the baby, for no obvious reason, was not making normal progress, or where the psychological effect of seeing a report of her milk might induce a mother to persevere with breast feeding.

"Special Coffee."

Three samples of coffee from a stall were sent in by the Chief Constable. One shilling per cup was charged for this "special" line instead of the usual twopence. Rum was found present in each sample, and the vendor was convicted for selling intoxicating liquor by retail without having a Justices' licence.

One activity of the department which has not been referred to in previous reports may be noted here since it introduces a synthetic side in contrast to the analytical character of most of the work.

All the standard solutions and reagents used in the analytical work are made in the laboratory.

In connection with bacterial examinations, the following tubes of sterile media were prepared during the year :—

Agar-agar	1800	tubes
MacConkey Solution	2500	,,
Sterile Water	850	,,
Rideal Walker Broth	300	,,
Miscellaneous Media	500	,,

The laboratory has been co-operating in the slum clearance work by experimenting with various types of verminfuges, chiefly for combating the bed bug. In all, about 50 gallons of spraying liquid have been issued to the disinfectors. Latterly, a mixture of paraffin and cresol has been supplied for this purpose.

We also make the sulphur solution used in the treatment of Scabies.

Recently, we have assumed responsibility for preparing the lead peroxide cylinders used for estimating the sulphur impurities in the atmosphere. These consist of porcelain cylinders, wrapped round with tapestry cloth which serves as a support for the coating of lead oxide paste, made to a standard recipe. We use about 50 of these cylinders a year.

In conclusion, I have pleasure in recording my complete satisfaction with the respective services of my assistants, Mr. J. L. Pinder, B.Sc., and Mr. C. Hyde. Pinder gained an external degree of London University during the year, and thereby did good service towards getting the Leicester College of Technology recognised as a qualifying institution for the Diploma of the Institute of Chemistry.

F. C. BULLOCK, B.Sc., F.I.C.

City Analyst.

TABLE A.

Foods Analysed during 1934.

Sample.	No.
Cream	9
Ice Cream	6
Butter	26
Margarine	6
Lard	7
Cheese	8
Shredded Suet	5
Cereals	21
Flour	6
Sugar	8
Tea	8
Cocoa	18
Coffee	6
Chocolate	14
Sweets	12
Mustard	6
Salt	2
Potted Meat	21
Sausages	4
Beer	6
Mineral Waters	12
Spirits	6
Cordials	6
Jam	10
Mussels	3
Tinned Tomatoes	2
Dried Fruits	11
Total	249

Drugs Analysed During 1934.

Sample.	No.
Oil, Camphorated	6
,, Castor	6
,, Olive	8
Crushed Linseed	3
Kaolin Poultice	4
Menthol	4
Camphor	4
Patent Medicines	6
Aspirin Tablets	8
Glycerine	14
Bicarbonate of Soda	4
Hydrogen Peroxide	15
Chloride of Lime	6
Glauber Salts	8
Epsom Salts	8
Total	104

TABLE B.

Milk Samples reported "Not Genuine."

No.	Sample.	Nature of Deficiency.	Action taken.
1395c	Informal	5% deficient Fat	Caution by M.O.H.
1185	Formal	5% added water	Further sample taken
1195	,,	3.5% ,, ,,	,,
963	,,	2.0% deficient S.n.F.	
1070	,,	2.0% ,, ,, 3% added water	
801c	Informal	26% deficient Fat	
769	Formal	2.0% ,, ,, 4% added water	
817c	Informal	11% ,, Fat	Caution by M.O.H.
909c	,,	15% ,, ,,	
869	Formal	6% ,, ,, 4% added water 2% deficient S.n.F.	
951	,,	12% ,, Fat	Further sample taken
963	,,	11% ,, ,, 4% added water 2% deficient S.n.F.	Follow-up of 951
865	,,	11% ,, Fat	
927c	Informal	16% ,, ,,	
936c	,,	18% ,, ,,	
943c	,,	1% ,, S.n.F. 4% added water	
811	Formal	5% deficient Fat	
835	,,	5% ,, ,,	
717	,,	11% ,, ,,	
762	,,	12% ,, ,,	
507c	Informal	15% ,, ,,	
508c	,,	5% ,, ,,	
521c	,,	5% ,, ,,	
535c	,,	15% ,, ,,	
580c	,,	5% added water	
718	Formal	13% deficient S.n.F. 15% added water	20/- fine, 4/- costs
412c	Informal	2% deficient S.n.F. 4% ,, Fat	
413c	,,	6% ,, S.n.F. 10% ,, Fat	
322c	,,	5% ,, ,,	
68	Formal	13% ,, ,,	Follow-up sample Genuine
72	,,	5% ,, ,,	,,
48	,,	15% ,, ,,	
340c	Informal	13% ,, ,,	
349c	,,	6% ,, ,,	

TABLE C.

Defective Samples other than Milk.

No.	Description.	Sample.	Nature of Adulteration.	Action Taken.
1049	Mussels	Informal	50% clean	Further sample taken
1150	"	"	30% "	"
857	Potted Meat	"	74.8% water	
858	"	"	73.9% "	
859	"	"	70.7% "	
862	"	Formal	74.7% "	
863	"	"	72.5% "	
359	Lard	Informal	1.25% excess free fatty acid	
363	"	Formal	0.5% " " " "	
393	Shredded Suet	Informal	0.47% " " " "	
120	"	"	0.29% " " " " 4.5% deficient of fat	
875	Mustard	"	25% starch "inferior"	
795	Strawberry Jam	"	Labelling for F.F.S. not [correct	Approached vendors.
123	Dried Pears	"	Dirty	
366	Crystal Humbugs	"	0.43% talc	Vendor interviewed
61	Peppermint Cordial	"	$630/10^6$ Benzoic Acid	Wrote to vendor.
11	Sago	"	100% Tapioca	
15	"	"	" "	
25	Pearl Barley	"	0.69% facing. $25/10^6$ SO_2	Wrote to vendor.

TABLE D.

Result of Bacterial Examination of Milk, 1934.

Grade.	Total No. examined	Passed as satis-factory	Total coun too hig	B. Coli too numerous	% passed as satisfactory.		
					1934	1933	1932
"Certified"	33	28	1	5	85	76	71.5
Grade "A" (T.T.) ..	28	28	—	—	100	94	82
Grade "A"	146	127	6	17	87	88	88.5
Pasteurised	42	30	12	(5)	71.5	90	70.5
Sterilised	16	12	4	—	75	100	100
Bottled and Raw ..	109	86	6	20	79	82	78.5
School Milks ..	36	28	8	5	78	66	84
Miscellaneous.. ..	24	15	3	8	62.5	73	61.5
Total	434	354	40	55 (60)	81.5	85.4	81.5

TABLE E.

Bath Waters Examined during 1934.

Bath.	Period.	No. examined.	No. satisfactory.	Unsatisfactory			% passed as satisfactory.
				Count.	Coli	Cl_2 cessive	
Aylestone ..	Apr.-Sept.	10	9	—	—	—	90
Spence Street ..	,,	11	7	—	2	1	63.5
Cossington Street	,,	9	7	2	--	—	78
Vestry Street ..	Jan.-Dec.	20	14	1	—	5	70
Bath Lane ..	Feb:	1	1	—	—	—	100
Kenwood ..	Aug.-Sept.	8	—	7	8	—	—
Wyggeston School	May.	1	—	1	1	—	—
Bede House ..	June.	1	—	1	1	—	—
Abbey Meadows	,,	1	—	—	1	—	—
Total	..	62	38	16	13	6	61.5

TABLE F.

Fertilisers and Feeding Stuffs Analysed during 1934.

Sample.	Number.	Number Unsatisfactory.		
		Composition Incorrect.	Statutory Declaration Defective	Total.
Ammonium Sulphate ..	1	—	—	—
Nitrate of Potash	1	—	—	—
Nitrate of Soda	1	—	—	—
Compound Fertilisers ..	2	—	1	1
Sanpal	1	—	—	—
Steamed Bone Meal ..	1	—	—	—
Dissolved Bone Meal ..	1	—	—	—
Barley Meal	1	—	—	—
Sharps	1	—	1	1
Sussex Ground Oats ..	4	3	—	3
Chick Feed	1	—	—	—
Total	15	3	2	5

TABLE G.

Rag Flocks, tested during 1934.

Sample Number.	R9	R10	R11	R12	R13
Chlorine in parts per 100,000	6	4	6	6	14

TABLE H.

Submitted by Members of the Public.

[Food & Drug (Adulteration) Act, 1928, Sect. 17 (c).]

Milk	4
,, Bottle	1
Jam	2
Sugar	1
Total	8

TABLE J.

Miscellaneous Samples Examined for Various Committees.

Health Department.

Disinfectants	12
Flypic	1
Verminfuge	3
Calvert's Vaporiser	1
Gas Mask	1
Scabies Solution	1
Dewis Root	1
Pyrethrum Root	1
Bugs and Eggs	2
Rain-waters	36
Lead Peroxide Cylinders	22
Resin Mixture	1
Soap	48
Washing Soda	3
Floor Polish	11
Water (Chemical) Drinking	13
Miscellaneous	2
,, (Bacterial) Baths	62
Drinking	2
Milk (Chemical)	6
,, (Bacterial)	7
,, (Human)	56
Jam, Fruit Pulp, etc.	11
Honey	1
Humbugs, French Chalk, etc.	3
Preservative	1
Misturae Cascara Sagradae	1
Infused Tea	1
Vitriol	1
Steel Dust	2
Bed Quilt	1
Urine	1
	315

Water Department.

Water (Chemical)	50
,, (Bacterial)	77
,, (Biological)	44
	171

Farms Committee.

Milk	1

Cleansing Department.

Lubricating Oil	5
Feeding Stuffs	7
Bath Water	2
	14

Education Department.

Water	1
Deposits	2
Milk (Bacterial and Chemical)	63
	66

Public Assistance Committee.

Water	1
Milk	20
	21

Surveyor's Department.

Tarmacadam and Mexphalt	5

H.M. Prison.

Milk	2

Isolation Hospital.

Milk (Bacterial and Chemical)	24

City General Hospital.

Milk	4

Mental Hospital.

Milk (Bacterial and Chemical)	6

Coroner	4

Police.

Medicine	1	
Coffee Infusion	3	
Rum	1	
	5	637

TABLE K.

Total Samples Analysed during the Year.

Food and Drugs	1099
Bacterial Milks	380
Fertilisers and Feeding Stuffs	15
Rag Flocks	5
Food Samples submitted by Public	8
Health Department Samples	315
Water Department Samples	171
Various Other Departments	152
Total	2145

TABLE L.

Atmospheric Pollution 1934.

(Average monthly figures).

Quantities expressed in tons per square mile.

		Town Hall.	Jarvis St.	Ment. Hos.*
Insoluble Matter	Tarry matter	.31	.27	.19
	Soot	5.02	7.29	2.70
	Ash	11.66	9.89	4.68
Soluble Matter	Volatile Matter	1.84	2.00	1.53
	Ash	5.01	4.67	2.85
Sulphate as SO_3		2.06	1.90	1.12
Chloride as Cl		.82	.66	.35
Ammonia as NH_3		.20	.26	.26
Total Solids		23.84	24.12	11.98

* Mental Hospital. April-December, nine months.

APPENDIX VI.

Report of Chief Sanitary Inspector

for the year 1934.

Staff.

The inspection staff consists of a Chief Inspector, two Inspectors engaged whole-time in meat inspection work at the Corporation Slaughterhouses at the Cattle Market, and eighteen District Sanitary Inspectors.

On account of the increased work in connection with Slum Clearance, four additional Sanitary Inspectors were appointed to the staff in June, viz. :—

Getgood, W. J., of the City of Gloucester.

Owen, E., of the County Borough of Preston.

Weir, W. E., of the County Borough of Preston.

Wright, J., of the City of Stoke-on-Trent.

The clerical staff consists of a Chief Clerk (male) two shorthand typists, a telephonist and a uniformed messenger ; the services of the two latter are shared.

During the winter session, 1934-1935, a course in "Animal Biology and Bacteriology" was taken by several of your Sanitary Inspectors at the Technical College : this is the sixth year such a course has been held.

Synopsis of Sanitary Inspection Work.

An "inspection" is the first visit made to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations	86	—	86
Re Animals, Poultry, Swine, &c.	53	—	53
Ashpits and Ashbins	185	—	185
Bakehouses—Factory ..	70	—	70
Non-Factory ..	66	—	66
Canal Boats	33	—	33
Cesspools	4	—	4
Closets—Water	619	26	645
Pails	—	—	—
Cold Stores	4	—	4
Common Lodging Houses—Day	136	—	136
Night	47	—	47
Complaints Received	1998	1627	3625
Complaints Confirmed ..	1581	5003	6584
Cowsheds	1	—	1
Dairies, Milkshops and Milkstores	313	—	313
Dangerous Structures	21	—	21
Drains—Smoke Tests ..	2367	59	2426
Chemical Tests ..	27	—	27
Colour Tests ..	69	—	69
Drains Inspected	4439	3738	8177
Entertainment Houses	18	—	18
Factories	66	—	66
Fish Frying Premises	28	—	28
Food Manufacturing Premises	388	—	388
Houses re Contagious Disease	1422	—	1422
Houses re Contagious Disease Enquiry	970	—	970
Houses re Disinfection ..	534	—	534
Housing Acts—Houses ..	1475	7139	8614
Special Visits ..	11	—	11
Other Buildings	4	—	4
Houses Let in Lodgings—Day ..	4	—	4
Night	—	—	—
Hotel and Restaurant Kitchens	23	—	23
Ice Cream Premises	7	—	7
Markets—Cattle	13	—	13
Retail Meat	409	—	409
Fish and Fruit ..	609	—	609
Wholesale Fish and Fruit	563	—	563
Wholesale Meat ..	373	—	373
Wholesale Tripe ..	2	—	2
Meeting with Owner or Tradesman	2004	—	2004
Merchandise Marks Act ..	777	—	777
Agricultural Produce (Grading and Marking) Act	673	—	673
Offensive Trade Premises ..	114	—	114
Other Foodshops	85	—	85
Outworkers	—	—	—
Piggeries	1	—	1
Shops—Meat	1035	—	1035
Fish	191	—	191
Fruit	176	—	176
Slaughterhouses—Corporation	714	—	714
Private ..	6244	—	6244
Schools	52	—	52
Smoke Observations	114	—	114
Special Visits re Smoke ..	70	—	70
Special Visits	2686	—	2686
Sewers, &c.	21	—	21
Street Gullies	—	—	—
Carried forward	33995	17592	51587

	Inspections.	Re-Inspections.	Total.
Brought forward	33995	17592	51587
Streets or Back Roads ..	2	—	2
Tips	21	—	21
Urinal—Public	1	—	1
Private	—	—	—
Van Dwellings	121	—	121
Wells	—	—	—
Workshops and Workplaces (excluding Bakehouses) ..	116	—	116
Yards and Courts	389	—	389
Grand Totals ..	34645	17592	52237

Notices—Served	—Informal	1465
	—Formal	117
Complied with	—Informal	899
	—Formal	38
Samples—Food and Drug Acts	.. ..	1099
Water	.. ..	68
Bacteriological	.. ..	380
Milk for T.B.	.. ..	171
Rag Flocks Act	.. ..	5
Fertiliser and Feeding Stuffs Act	.. ..	15

CANAL BOATS.

The whole of the "available" boats on the register, viz., 51, are "Narrow" boats. Thirty-three boats were inspected during the year these were occupied by 55 males, 1 female, and one child over five years.

The condition of the boats was clean and satisfactory.

COWSHEDS.

The number of Cowsheds has gradually decreased owing to the development of building estates ; there are now only five occupied Cowsheds with a cow population of eighty-five.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 1,164. The number of houses or parts of houses disinfected was 2,830.

The above figures include clothing, bedding, &c., from 5 houses which were found to be in a verminous condition.

DISINFESTATION.

The number of Houses and Furniture treated by hydrocyanic gas :—

Lots of household furniture treated	60
Old houses treated before demolition	52
Other houses treated (demonstrations)	13

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

One hundred and seven drains were attended to and of these 77 were unstopped immediately. In the remaining 30 cases the owners' attention had to be called to them.

ADMINISTRATION OF FACTORY AND WORKSHOPS ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	66	7	—
Workshops	116	—	—
Total	182	7	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects. Found. (2)	 Remedied. (3)	Number of Prosecutions. (4)
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	6	2	—
Want of Ventilation ..	2	2	—
Overcrowding	—	—	—
Other Nuisances	3	3	—
Sanitary Accommodation Insufficient	7	2	—
Offences under the Factory and Workshops Act ..	—	—	—
Total	18	9	—

3.—Home Work.

The number of lists received from employers was as follows :—

	Twice in the year Lists.	 Outworkers.	Once in the year Lists.	 Outworkers
Wearing Apparel (making)	44	456	24	239

4.—Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshops Acts (S. 133, 1901)		None
Action taken in matters referred by H.M. Inspector as remediable under The Public Health Acts, but not under the Factory and Workshops Acts (S. 5, 1901)	Notified by H.M. Inspector	16
	Reports (of action taken) sent to H.M. Inspector	16
Underground Bakehouses (S. 101) in use at the end of the year		1

Improvements to Houses.	No. of Houses.
Houses formerly with common yards and common sanitary conveniences, which have now been provided with separate yards, separate sanitary conveniences, internal sinks, taps, &c.	213

(Housing Act, 1930).—Removals from Nos. 4, 5, 6, 7 and 8 Clearance Areas (Harvey Lane, Thornton Lane, Redcross Street, Bakehouse Lane and Britannia Street) to John Freake's Estate.

No. of families re-housed.	No. of persons re-housed.	No. of new houses used for re-housing.
60	191	60

Assistance given to Families.

The Leicester Charity Organisation Society gave valuable help to families who were in need.

Families supplied with beds or bedding	5
Families given financial assistance towards removal expenses	1

FOOD SUPPLIES.

Supervision of.

TABLE A.

Summary of Foodstuffs condemned.

	Tons.	Cwts.	Qrs.		Lbs.
Meat	105	5	1		17
Fish	16	12	2		26
Fruit	2	5	2		8
Vegetables	18	12	0		25
Rabbits				3030	
Preserved Foods (Tinned Goods) ..				13,219	
Poultry				28	
Eggs				604	
Hares				29	
Game				151	
Bacon					114

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

	Tons.	Cwts.	Qrs.	Lbs.
British Meat	64	12	—	22
Imported Meat ..	—	13	—	26
British Offal	39	11	—	13
Imported Offal	—	8	3	12
Total Weight ..	105	5	1	17

	British Meat.				Imported Meat.				British Offal.				Imported Offal.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Shops	–	–	1	10	–	1	3	14	–	–	–	9	–	–	–	–
Private Slaughterhouses ..	13	2	0	26	–	–	–	–	3	2	1	18	–	–	–	–
Cattle Market ..,, ..	50	12	3	0	–	–	–	–	36	8	2	14	–	–	–	–
Cold Stores	–	13	–	9	–	–	–	–	–	–	–	–	–	–	–	–
Retail Market	–	2	3	12	–	–	–	–	–	–	–	–	–	–	–	–
Wholesale Market (Imported)	–	–	3	21	–	11	1	12	–	–	–	–	–	8	3	12
Railway Stations	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	64	12	–	22	–	13	–	26	39	11	–	13	–	8	3	12

TABLE C.

Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	25	8	0	5	23	16	1	1	10	18	2	15	60	2	3	21
Other defined Diseases ..	25	9	2	20	5	2	0	13	14	10	2	19	45	2	1	24
Totals	50	17	2	25	28	18	1	14	25	9	1	6	105	5	1	17

TABLE D.

Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases)
3342	5498	8540

Number of healthy Carcases examined not available.

TABLE E.

Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Pigs.	Total.
Number of Carcases affected	742	3	2597	3342
Number of entire Carcases rejected ..	88	3	52	143

TABLE F.

Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis	1	59	19	9	3	–	–	52	143
Other defined diseases	–	41	7	12	55	371	67	62	615
Totals	1	100	26	21	58	371	67	114	758

TABLE G.

Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Tuberculosis	143	2815	384	3342
Other defined diseases	615	542	4041	5198
Totals	758	3357	4425	8540

TABLE H.

Total number of Carcases, parts of Carcases and Offal condemned in :—

	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Corporation Slaughterhouses (including Co-operative Society Slaughterhouse at Cattle Market)	593	2860	3681	7134
Private Slaughterhouses	159	348	660	1167
Shops, Markets and other Premises	6	149	84	239
Totals	758	3357	4425	8540

TABLE I.

Tabulated List of other defined Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Actinomycosis	–	1	–	–	–	–	–	1
Dropsy	6	3	3	9	294	20	2	337
Fever—Acute	2	2	–	2	8	–	7	21
Joint Ill	–	–	–	8	–	–	–	8
Pneumonia	1	–	–	–	–	–	–	1
Decomposition	–	–	–	13	6	–	6	25
Emaciation	2	–	–	4	14	30	–	50
Asphyxia	1	–	–	–	8	–	–	9
Dead Animals	1	–	2	2	30	9	22	66
Immaturity	–	–	–	14	–	4	–	18
Bruising—Extensive	–	–	–	1	9	3	2	15
Cancer (Carcinoma)	1	–	–	–	–	–	–	1
Septic Metritis	8	–	–	–	–	–	–	8
Septicæmia	2	–	–	–	1	–	–	3
Pyæmia	2	–	–	–	–	–	–	2
Johnnes' Disease	12	1	6	–	–	–	–	19
Jaundice	–	–	–	2	–	–	4	6
Swine Erysipelas	–	–	–	–	–	–	3	3
Acute Enteritis	–	–	–	–	1	1	12	14
Swine Fever	–	–	–	–	–	–	4	4
Physicked	1	–	–	–	–	–	–	1
Uræmia	2	–	1	–	–	–	–	3
Total	41	7	12	55	371	67	62	615

SAMPLING.

Food and Drugs (Adulteration) Act.

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.

1930	1931	1932	1933	1934
1519	1338	1470	1140	1099

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926	15
Number of Samples taken under Rag Flock Act, 1911 ..	5

Milk (Special Designations) Order, 1923.

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.

1930	1931	1932	1933	1934
264	253	352	365	380

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI.

Milk and Dairies (Consolidation) Act, 1915.

(This Act came into operation on 1st September, 1925.)

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli—

Year.	1930	1931	1932	1933	1934
Number taken ..	6	120	122	171	171
Percentage containing Tubercle Bacilli	4.7	10.83	9.8	.58	1.17

	Number of Samples taken.	Number reported containing Tubercle Bacilli.	Number reported negative.	Number unsatisfactory although negative as regards Tubercle Bacilli.
Cowkeepers with registered premises within City boundaries ..	1	—	1	—
Cowkeepers with premises outside City boundaries ..	170	2	167	1
Totals ..	171	2	168	1

OFFENSIVE TRADES.

Particulars of all Offensive Trades in the City.

Number of Tripe Dressers	13
,, ,, Marine Store Dealers	12
,, ,, Tallow Melters	1
,, ,, Fellmongers	1

RENT RESTRICTIONS ACTS, &c.

Six certificates were issued under the above Acts.

SLAUGHTERHOUSES.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	39
Licensed Private Slaughterhouses (includes one Knacker's Yard)	2
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
Total Slaughterhouses	59

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	114
Chimneys reported for causing nuisance	4
Cautions by Inspectors	2
Interviews of Engineers or Stokers by Inspectors	2
Informal Notices or Letters sent	4
Chimneys reported to Health Committee	1
Prosecutions	1

LEGAL PROCEEDINGS.

Public Health (Smoke Abatement) Act, 1926	1
Public Health Acts. For the abatement of nuisances	2
Public Health Act. Diseased meat	1
Food and Drugs (Adulteration) Act, 1928	2
Milk and Dairies Order, 1926	1
Bye-laws with respect to Slaughterhouses	–
Housing Act, 1930	–
Appeals (Housing Act, 1930)	–

WORK CARRIED OUT IN DEFAULT OF OWNERS.

Ashbins supplied to dwelling-houses in default, and cost of same recovered from owners	5
Housing Act, 1930, Sec. 17	3

LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Food & Drugs (adulteration) Act, 1928	Selling adulterated milk. 13.6 per cent. deficient in fat and contained 15 per cent. added water	Conviction. Dairyman fined . . Farmer to pay costs . .	1 0 0 —	— 4 0
Ditto	Selling adulterated milk. 22.5 per cent. deficient in non-fatty solids and contained 25 per cent. added water	Case dismissed with a caution and ordered to pay costs	—	6 0
Milk & Dairies Order, 1926	Selling milk on unregistered premises	Ditto	—	6 0
Public Health (Smoke Abatement) Act, 1926	Excessive smoke emitted from factory chimney	Conviction. Firm fined on each of three summonses . . . . . . Two stokers to pay costs	6 0 0 —	— 8 0 4 0
Public Health Act	Exposing in shop diseased meat for sale	Conviction	5 0 0	—
Ditto	Failure to comply with sanitary notice	Work completed. Case dismissed on payment of costs	—	4 0
Ditto, 1925	Failure to give notice of intention to reconstruct drains	Conviction	2 0 0	—

F. G. McHUGH, M.R.San.I., M.S.I.A., *Chief Sanitary Inspector.*

APPENDIX VII.

Reports of the V.D. Medical Officers

1. Report on Male V.D. Clinic for the Year 1934
(Leicester and Leicestershire)

By C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

I beg to report on the work conducted at the Male Venereal Disease Department, Leicester Royal Infirmary, during the year 1934. I also report on the V.D. Propaganda work conducted during the year.

General.

Leicester Royal Infirmary V.D. Treatment Centre consists of both out-patient departments and in-patient departments. It is the one centre for Leicester and Leicestershire.

The out-patient Male clinic is held in the general out-patient department of the Infirmary at times when no other clinic is open. In addition, there is an irrigation treatment room which belongs entirely to the V.D. Department.

The Male in-patient department consists of one ward with six beds, a single room with one bed, and a treatment room.

The Male V.D. Staff is made up of two Medical Officers, a senior Male attendant and two male porters (part time).

The Sister and Nurses of the Female V.D. Ward, which adjoins the Male ward, assist in ward work.

The Pathological Department of the Infirmary conducts the pathological work of the V.D. Department. The Clerical Staff and the Dispensers also offer valuable service.

Intermediate treatment (i.e. irrigations, etc.) is given daily by, or under the supervision of, the senior male attendant from 9 a.m., to 12 noon, 5.30 to 7.30., Saturday 9 a.m. to 1 p.m. Sundays excepted.

Examinations and treatment by the Medical Officers are conducted at the following times :—Children : Monday, 3 to 3.30 p.m. Adults : Monday, 3.30 to 4.30 p.m., Wednesday and Friday, 6.30 to 7.30. Thursdays 5 to 6.30 p.m.

Case Recording.

My method of case recording initiated in 1931 has been very successful up to date and adds greatly to the efficiency of the Male V.D. Department. Statistical details are easily obtained and clerical work has been reduced to a minimum.

New Cases.

The total number of new Male cases for the year under review was 706 (1933-568), an increase of 138 over the previous year.

Table I, shown below, gives details regarding all new cases. It will be noted that cases from the City of Leicester (T) are separated from those of the County of Leicester (C).

The Graph at the end of this Report compares the numbers of new cases for each year since 1918.

The increase of 138 new cases this year is chiefly due to an increase in "non-venereal" cases. "Non-venereal" cases are cases who come for examination for the presence or absence of V.D., but after examination and tests are found to be free from V.D.

In most of these cases sexual exposure with a stranger or "friend" has been admitted.

Included in the "non-venereal" cases are men who have come for tests prior to marriage.

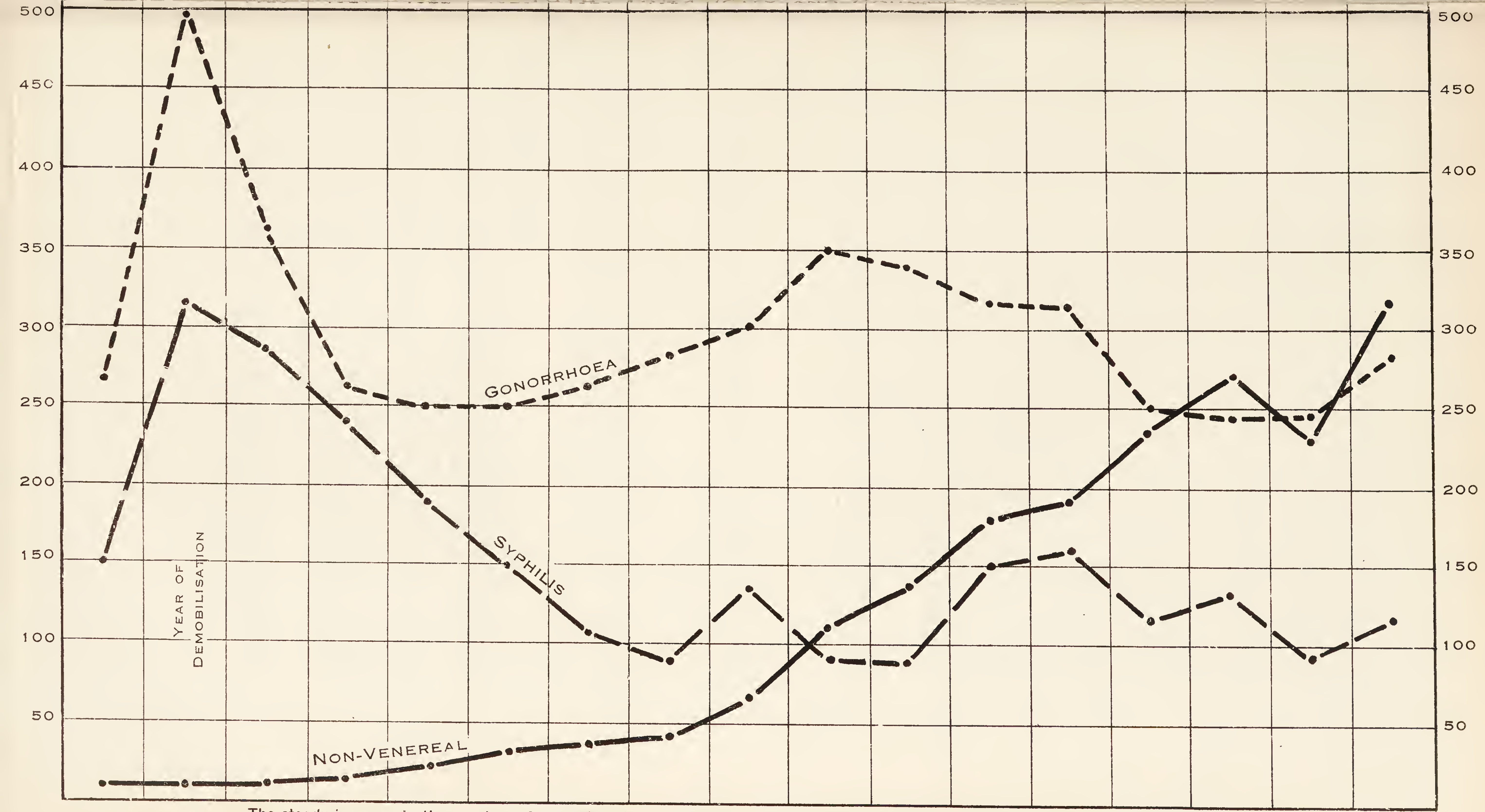
The syphilitic and gonorrhoeal cases show a slight increase on the previous year.

Cured Cases.

There were 190 cases of V.D. cured during the year.

Defaulters.

Those infected patients who cease to attend before completion of treatment and tests of cure, and who have failed to answer repeated letters requesting them to return, are labelled as "defaulters."



The steady increase in the number of cases found to be Non-Venereal is very striking and is largely accounted for by the fact that more patients who have exposed themselves to infection are making use of the Clinic. This is a cause for satisfaction.

Table I (Defaulters), shows that 54 men ceased to attend before completion of treatment. These cases are reckoned the most serious type of defaulters. I only wish I had power to compel such defaulters to return for treatment until cured.

Those defaulting after completion of treatment but before tests of cure number 51.

It is the rule at this V.D. Centre that all new cases who suffer from venereal disease are informed that they will be written to in the event of their defaulting from treatment and observation.

If the patient objected to this an entry would be made to such effect and no letter sent. So far no objection has been raised.

The form of letter written to a defaulter consists of a typewritten note, non-committal in character, requesting the patient to call at his earliest convenience. This note is signed by the Senior V.D. Officer. Should the defaulter ignore this first letter, a second one is sent pointing out the danger to himself and to others.

This method of following up defaulters does much to reduce the number. Unfortunately, however, it does not always succeed.

Attendances.

The total number of attendances for the year (M.O. and Intermediate) was 19,660.

In-Patients.

Patients admitted to the ward number 59. The total in-patient days were 1551 (average in-patient days per man—26.3).

Pathological Work.

This work is necessarily considerable, consisting of bacteriological and serological work for the diagnosis and for the tests of cure of V.D.

The Kahn flocculation test for syphilis, as well as the Wassermann Test, is done on all bloods tested.

Cerebro-spinal fluid tests (cells, chemical, constituents, colloidal Gold Curve and W.R.S.) are done extensively on syphilitic patients. I place much importance on these tests.

The total number of pathological tests for the year numbered 4922 (Male and Female). (See Table I Pathological work).

Propaganda Work.

During the year I gave seven public lectures on Venereal Diseases, accompanied by lantern slides, three in Leicester, two in Loughborough and two in Coalville.

Three of the seven lectures were to female audiences only, and the remaining four were to male audiences.

On every occasion the halls were packed. In my opinion much can still be done to educate the public in the dangers of venereal diseases, and to emphasise the fact that those who suffer from venereal disease have a chance of being cured if they receive treatment early and continue under treatment until proclaimed cured.

There has been a slight increase this year in the number of cases who come for an examination and tests prior to marriage. These examinations prior to marriages should become more popular as the public become more wise on sex problems.

My greatest difficulty is to get men, who have gonorrhoea, to have the female contacts examined. Undoubtedly the female case with gonorrhoea is one of the biggest V.D. problems at the present day.

City General Hospital.

As consulting Venereologist periodic visits have been made throughout the year to the City General Hospital.

Age Incidence of Male New Cases, 1934.

Years	-15	-20	-25	-30	-35	-40	-45	-50	-55	-60	-70
Number	15	42	116	146	131	82	61	38	31	19	25

Numbers of Male New Cases—Married, Single, Widower or at School.

Married	375
Single	294
Widower	21
At School	16
Total	706

It is rather a tragedy that married men head this list.

Analysis of Occupations of Male New Cases.

Occupation.	*No.*	*Occupation.*	*No.*
Labourers, Hawkers, etc.	120	Shop Workers	41
Boot and Shoe Workers	84	Office Workers	34
Engineers	78	Agriculture	25
Building Trade	63	School Children	14
Transport Workers	62	Furnishing and Printing	12
Hosiery Workers	52	Miners	11
Travellers and Salesmen	50	The Services	9
Miscellaneous	44	Managers and Foremen	7
		Total	706

Numbers from Various Areas in the County.

Area.	No.
Loughborough	48
Hinckley	33
Coalville	28
Market Harborough	19
Melton Mowbray	15
Oakham	4
Lutterworth	4
Within five miles of City	48
Total	199

There were five cases during the year who suffered from double infections (Syphilis and Gonorrhoea).

Sent by :

Details concerning "at whose recommendation" the new cases came :—

Self	389
Practitioners	168
Infirmary	54
Transfers (from other V.D. Centres)	51
R.I. Female Dept.	27
Relatives	17
Total	706

Source of Infection. (When Definitely Ascertained).

Source.	No.
Stranger	121
Casual or Friend	101
*Prostitute	81
Wife	45
Fiancée	17
Congenital (hereditary)	16
Old syphilis, etc.	19
Exposure denied	3
Total	403

*For this record, a prostitute is defined as a venereal diseased female contact who received money from the infected male case.

In submitting this report I wish to acknowledge and to bring to your notice the services of the Medical, Nursing, Dispensary and Clerical Staff. Their work has been performed with goodwill, loyalty, perfect harmony and excellence throughout the year. I should specially like to mention Mr. Robertson, my senior Male attendant who has done much towards the efficiency of the Male V.D. Clinic.

(Signed),

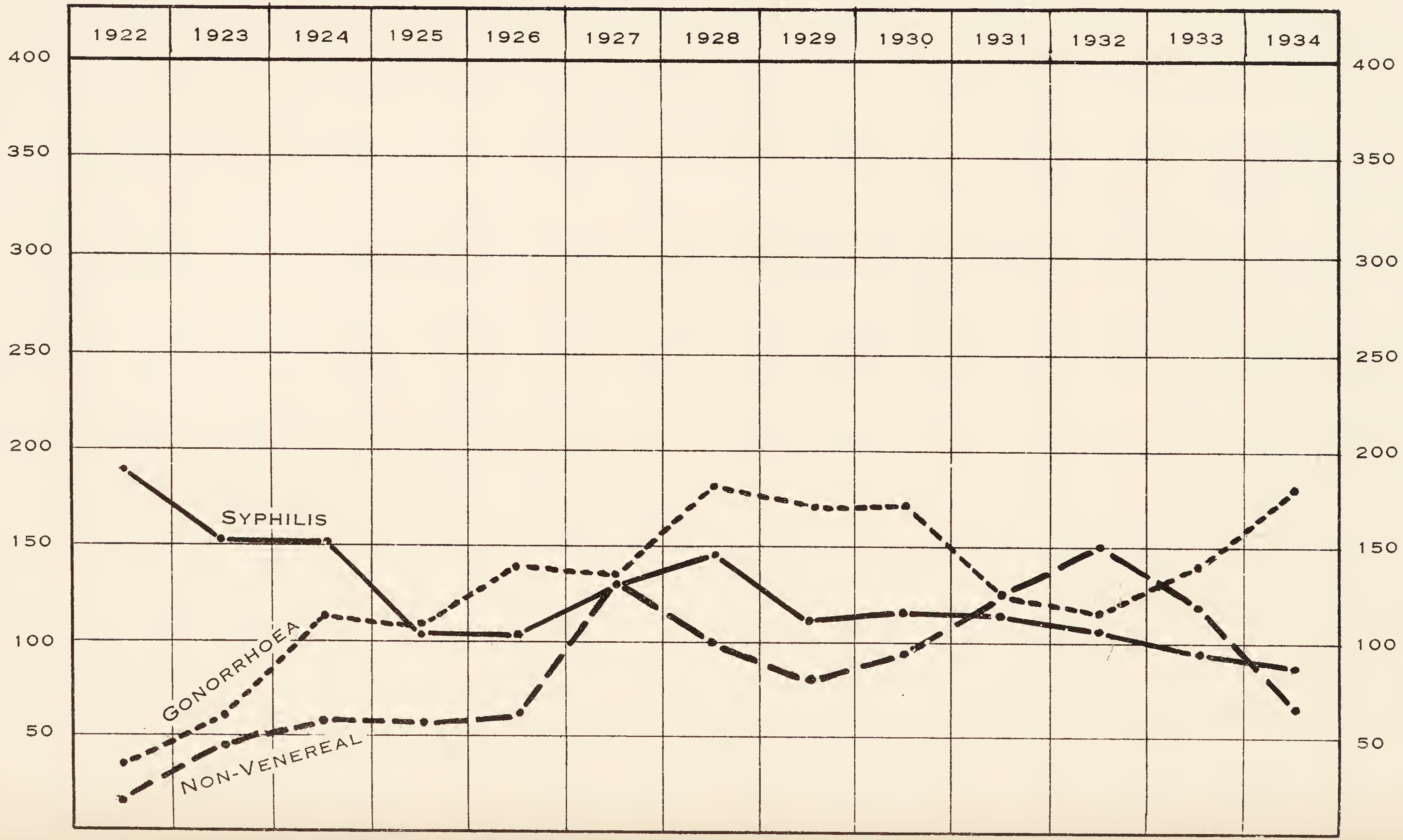
C. HAMILTON WILKIE.

TABLE 1.

1934	VENEREAL CASES						NOT V.D.		Totals		GRAND TOTALS
	Syphilis		Soft Sore		Gonorrhoea						
	T	C	T	C	T	C	T	C	T	C	
New Cases ..	71	47	1	1	217	66	218	85	507	199	706
	118		2		283		303		706		
Cases on Books 1-1-34	200		—		148		8		356		356
Returned Defaulters	10	4			2				12	4	16
Syphilis Primary WR−	3	2							3	2	5
,, ,, WR+	3	4							3	4	7
,, Secondary	7	2							7	2	9
Latent SY.1st.YR.		2								2	2
All later stages ..	23	20							23	20	43
Congenital SY. ..	8	9							8	9	17
Soft Sore			1	1					1	1	2
Gonorrhoea ..					184	60			184	60	244
Non-Veneral ..							218	85	218	85	303
Transfers from ..	17	14			31	6			48	10	58
Totals (T. & C.) ..	71	47	1	1	217	66	218	85	507	199	
Totals New & Old	318		2		431		311		1062		1062
Cured & N.V.D's.	33	14	1	1	100	41	215	87	349	143	492
Ceased attendance before completion of Treatment ..	16	8			21	9			37	17	54
Ceased attendance after completion of Treatment ..	7	5			30	9			37	14	51
Transferred ..	23	4			34	6			57	10	67
On records 1-1-35..	134	74			142	39	9		285	113	398
Attendances seen by M.O.	2540	1420	5	4	3365	943	500	182	6410	2549	8959
Ditto Intermediate	25	11			9709	654	280	22	10014	687	10701
Ditto Totals ..	2565	1431	5	4	13074	1597	780	204	16424	3236	19660
In-Patients ..	16	15			20	8			36	23	59
Aggregate days ..	322	388			460	381			782	769	1551
PATHOLOGICAL WORK											
Tests for Spirochaetes	27	20							27	20	47
W.R's.	967	408							967	408	1375
Smears for G.C. ..					2165	675			2165	675	2840
Kahn Tests & C.S.F.	457	199							457	199	656
Other Tests for G.C.					2	2			2	2	4
Totals	1451	627			2167	677			3618	1304	4922

GRAPH X

NEW CASES ATTENDING FEMALE VENEREAL DISEASES DEPARTMENT ROYAL INFIRMARY, 1922—1934 (CITY AND COUNTY)



The curves for Venereal Disease in Females are very different from those for Males. The number shown as new cases is only the number coming forward for treatment, and not the number actually occurring, of which we have no official record.

2. Report on the Female Clinics for Venereal Disease for Leicester and Leicestershire for the year 1934

By BESSIE W. SYMINGTON, M.D., B.S. (Lond.)

The number of patients and the amount of work done at the several clinics has this year definitely increased.

New Patients.

416 new patients have presented themselves for examination.

402 at the Royal Infirmary.

14 at St. Mary's Home.

277 patients who had not completed treatment on January 1st, 1934, continued to attend at the Royal Infirmary.

60 at St. Mary's Home.

This makes a total of 753.

These figures cover all cases diagnosed and treated at the four Female Clinics, viz :

3 at the Royal Infirmary.

1 at St. Mary's Home.

Special time is set apart for the treatment of Children under the age of 5 or 6 years. This time is specially kept for the treatment of Congenital Syphilis in both girls and boys and also for Gonorrhoeal infection of little girls.

An analysis of the New Cases is as follows. (These numbers do not include those who had not finished their course on January 1st, 1934.)

Infirmary.

	City	County	Total
Syphilis	93	44	137
Gonorrhoea	198	67	265
	291	111	402

St. Mary's Home.

Syphilis	2	2	4
Gonorrhoea	3	7	10
	5	9	14

44 of the infected cases have been passed on to St. Mary's Home for treatment.

Of the New Cases of

Syphilis :

2 showed primary sore before infection of the blood.

13 showed sores with infection of blood.

40 showed later symptoms.

15 were infected congenitally.

Gonorrhoea :

189 were probably seen in the first year.

3 in later stages.

The early attendance of the gonorrhoeal patient has been definitely marked this year. A greater number of the wives of the infected husbands attending the Male Clinic have been sent.

Cases "Not suffering from Venereal Diseases."

After examination and observation of the 416 New Cases the following were diagnosed as free from venereal disease :

	City.	*County.*	*Total.*
Syphilis	43	12	55
Gonorrhoea	58	20	78
	101	32	133

These cases were chiefly

Babies of mothers showing infection during pregnancy.

Children in families where one case has shown syphilis.

Wives of infected husbands, when the wife has escaped infection.

Other cases of disease of the genital organs. These have been passed to other departments of the Infirmary.

Out Patient Female Attendances.

The attendance rate of patients has definitely increased.

Visits paid to the Royal Infirmary	—	12,148
Visits paid to St. Mary's Home	—	1,753

This makes a total of 13,901.

An analysis of these visits is as follows :—

Royal Infirmary.

To Medical Officers	—	7,383
For intermediate treatment	—	4,765

St. Mary's Home.

To Medical Officers	—	1,251
For intermediate treatment	—	502

Attendances Classified.

	City.	*County.*	*Total.*
To Royal Infirmary :			
Syphilis	2,954	1,516	4,470
Gonorrhoea	6,169	1,511	7,680
N.V.D.			405
	9,123	3,027	12,555

To St. Mary's Home:

Syphilis	141	38	179
Gonorrhoea	702	462	1,164
N.V.D.			3
	843	500	1,346

The total number of injections given in the Clinics—male and female—during the year have been 7,294. Of these 3,215 have been given in the Female Departments.

An analysis of these is:

At the Royal Infirmary:	*City.*	*County.*	*Total.*
Arsenical compounds ..	1,379	665	2,044
Bismuth compounds ..			911
Tryparsemide not included in this number	51	87	138
			3,093

Treatment of Syphilis.

Routine methods of treatment for both syphilis and gonorrhoea have varied very little.

The individual is always considered.

Syphilis.

Methods of giving the drugs are still

Intravenous.
Intramuscular.
By mouth.
By inunction.

A three months course is aimed at as a rule, but in some cases this is less and in some cases more.

The individual woman varies so much in her power to absorb the drugs, that the kind of drug has to be carefully considered. The chief drugs given are Stabilarsan, Neokharsivan, Metarsenobillon, Sulphostab, Bisoxyl and Tryparsemide.

At St. Mary's Clinic 122 injections were given, the analysis being:

	City.	County.	Total.
Arsenical compounds ..	47	41*	88
Bismuth compounds ..	24	10	34
	71	51	122

*12 of these were tryparsemide.

Acquired Syphilis.

Early cases of syphilis in the definitely infective stages have numbered nine.

Of these 2 showed no signs in the blood.
7 showed infection of blood pathologically.

All are being well treated and have not defaulted.

All have been offered in-patient treatment and six have accepted ; two failed to complete the first course of treatment.

Of the later cases of syphilis
Thirty have been diagnosed and five failed to complete the first course.

Congenital Syphilis.

Special time is kept on one evening in the week for treatment of children and little girls suffering from this type of the disease.

Every mother is watched and urged to bring her children for examination when this is suspected.

The boys over 5 years have, this year, been sent to the male clinic, and if necessary a card given to the mother to give to the father, directing him to present himself for examination.

No congenital syphilitic patient is discharged, but all are advised to come up at intervals for examination.

Thirty-one new cases have been treated in the male and female departments this year and of these fourteen have been girls.

The Ophthalmic Department is the place where congenital syphilis is generally first recognised.

Ante-natal Syphilis.

Treatment is started as early as possible in this condition and continued until the end of pregnancy.

This year no baby has shown signs of disease up to the present time, but all are being watched.

All mothers are urged to continue for observation or treatment after the birth of the child. Each is directed to attend the nearest Child Welfare Clinic and kept in touch with in this way. Most of the pregnant women have been sent from the Maternity and Child Welfare Medical Officer for observation and treatment if necessary.

Gonorrhoea.

Pathological investigation is more involved and the result much less frequently positive than in the male. The periods of observation are more prolonged so more difficulties in diagnosis arise.

The method of treatment still used is to give the female as much rest as possible with light diet and fluids, and to use some local disinfection as frequently as can be borne, and in this way the germ is destroyed and complications prevented.

More of the younger married women infected recently have been treated in the ward this year in this way.

In the Clinics and Treatment rooms, infected women and girls are disinfected as frequently and as carefully as possible, and each is watched for some months before considered cured.

Ante-natal Treatment.

In my opinion symptoms of gonorrhoea in the mother result in anaemic and weakly babies, as well as in the well-known danger of acute ophthalmia during the first week of life.

The women who have not had sufficient ante-natal treatment have been admitted for confinement when possible, but if signs of inflammation have abated they are sent back to their own private doctor or midwife.

This year, no woman confined in the maternity ward has yet shown complication due to infection, and no ophthalmia has occurred in the new-born baby.

Patients Discharged "Cured."

Observation of the individual patient with pathological investigation after confinement and before final discharge is always carried out.

Numbers discharged "cured" after treatment are as follows :—

From Royal Infirmary ..	85
,, St. Mary's Home ..	28
Total	113

Transfers.

Cases transferred to other Centres or institutions for further treatment number 38.

In-patient Department.

The total numbers admitted were 140.

Royal Infirmary ..	114
St. Mary's Home ..	26

In addition seven babies were born in the ward showing no signs of V.D.

The numbers of those admitted to the **Royal Infirmary** were as follows :—

	City.	*County.*	*Total.*
Syphilis	9	19	28
Gonorrhoea	57	29	86
	66	48	114

St. Mary's Home.

Syphilis	1	—	1
Syphilis and Gonorrhoea ..	3	—	3
Gonorrhoea	11	11	22
	15	11	26

At St. Mary's Home 30 cases have been admitted.

City cases number 17.

Of these four have shown both gonorrhoea and syphilis.

Thirteen gonorrhoea only.

County cases number eleven, all suffering from gonorrhoea.

St. Mary's Clinic is used, as far as possible, for the more superior type of out-patient who cannot pay for good treatment, and also for those discharged from the home.

In the Home, Hostel accommodation is provided for the infectious unmarried girl.

Here she is helped in every way by the Wantage Sisters in charge.

She is put to bed if necessary, treatment given, she is fed well and examined weekly by the Medical Officer. The convalescent patients do the domestic work of the wards and day room, and later they are allowed to go out and find work.

Maternity Cases.

Five beds are definitely kept for infected maternity cases, and pregnant women are often treated in the ward for a time prior to confinement.

In the Labour ward seven confinements have taken place this year.

In each case the baby is apparently healthy.

All are still under observation.

Every mother is advised to take her child to the nearest Child Welfare Centre.

Ophthalmic Neonatorum.

Six babies have been admitted on the advice of the Honorary Ophthalmic Surgeon, and treatment has been carried out under his direction.

Three cases have been persistent and severe, and each has been kept in for over 3 months. These cases have been treated frequently and faithfully by the Sister and Nurses in charge of the ward.

In two cases operations have been performed after infection, and are still under observation. The sight in each, unfortunately, is affected.

The parents of these babies have been examined and all but one have shown infection.

All the cases were sent in by general practitioners.

In all cases ante-natal treatment of the mother had been neglected.

Vulvo-vaginitis of little girls.

Seven cases have been admitted, four having been sent by the School Medical Officer.

All have been kept in the ward under treatment as long as possible the average time being six to eight weeks.

The parents of these children have all been told the nature of the infection, but two have refused treatment.

After being discharged from the ward these children are watched carefully.

Acute Gonorrhoeal Inflammation.

Twenty-six cases have been admitted for rest and disinfection.

These have been cases requiring prolonged treatment and have been admitted as often as possible.

Amongst other cases during the year have been cases of Bartholini's abscess, curettage, rheumatism, secondary syphilis, locomotor ataxia, and two cases of arsenical dermatitis.

Follow-up Work.

This is improving every year.

It is a most important item but is difficult because of the privacy necessary.

A patient who discontinues attendance is liable to be a danger to others and afterwards a serious expense on the community, owing to the later results of untreated venereal disease.

At the Royal Infirmary, letters are sent to defaulters and some are responded to.

Every help is given, when requested, by the Medical Officer in charge of M. & C.W. work, and by her staff of trained health visitors.

At St. Mary's Home an out-worker, who receives a small salary, visits and befriends the girls who have been discharged, and this year only two have failed to respond.

The principal line of approval is the establishment of friendly interest between those working in the wards and clinics and the patient, and I should like to take this opportunity of expressing my thanks to my assistant, Dr. Mary Newton-Davis, to the sister and nurses, and to other Members of the Staff for their assistance during the year.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.)

(Medical Officer of Female Venereal Clinics).

APPENDIX VIII.

STATISTICAL TABLES.

TABLE 1.

MUNICIPAL WARDS. VITAL STATISTICS, 1934.

WARD. (1)	*No. of Inhabited Houses, Jan., 1935. (2)	Estimated Population, Jan., 1935. (3)	No. of Persons per "structurally separate Dwelling." Census, 1931. (4)	Births (corrected). (5)	Deaths. (6)	Deaths under 1 year. (7)
1. St. Martin's	360	1,217	3.38	15	27	-
2. Newton	2,024	7,266	3.59	122	121	6
3. St. Margaret's	2,739	10,271	3.75	138	146	5
4. Wyggeston	3,186	12,903	4.05	274	205	19
5. Latimer	3,983	16,251	4.08	223	174	15
6. Charnwood	1,937	7,322	3.78	99	70	6
7. Wycliffe	2,545	9,111	3.58	109	142	7
8. De Montfort	1,504	5,520	3.67	71	75	8
9. The Castle	2,974	10,796	3.63	146	153	11
10. Westcotes	7,965	28,515	3.58	387	288	11
11. The Abbey	6,077	23,579	3.88	287	229	13
12. Belgrave	5,586	21,897	3.92	328	234	16
13. West Humberstone ..	5,821	23,109	3.97	346	244	24
14. Spinney Hill	8,098	30,287	3.74	302	287	11
15. Knighton	5,930	23,364	3.94	198	215	2
16. Aylestone	5,891	24,271	4.12	331	221	26

* Figures supplied by City Treasurer.

TABLE 2.

MUNICIPAL WARDS. VITAL STATISTICS, 1934.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.	Average Phthisis Rate, Years 1922-31.	Average Phthisis Rate, Years 1932-34.
1. St. Martin's	12.3	22.2	—	—	—	1.08	0.65
2. Newton..	16.8	16.7	49	0.41	2.06	1.47	1.77
3. St. Margaret's	13.4	14.2	36	0.49	1.85	1.46	1.44
4. Wyggeston	21.2	15.9	69	0.54	1.40	2.06	1.43
5. Latimer	13.7	10.7	67	0.49	1.23	1.35	1.26
6. Charnwood	13.5	9.6	61	0.14	1.09	1.26	1.04
7. Wycliffe	12.0	15.6	64	0.33	0.88	0.91	1.09
8. De Montfort	12.9	13.6	113	0.18	1.09	0.63	1.40
9. The Castle	13.5	14.2	75	0.37	1.02	1.31	1.06
10. Westcotes	13.6	10.1	28	0.39	0.46	0.92	0.72
11. The Abbey	12.2	9.7	45	0.51	0.93	1.05	1.09
12. Belgrave	15.0	10.7	49	0.14	0.55	0.94	0.86
13. West Humberstone	15.0	10.6	69	0.30	1.13	1.04	1.12
14. Spinney Hill	10.6	9.5	36	0.30	0.56	0.85	0.64
15. Knighton	8.5	9.2	10	0.21	0.51	0.55	0.47
16. Aylestone	13.6	9.1	79	0.25	0.66	0.85	0.58

TABLE 3.

Deaths in each Ward, classified for Age and Cause, 1934.

WARD. (1)	0 to 1 year. (2)	1 to 5. (3)	5 to 60. (4)	Over 60 years. (5)	Total all ages. (6)	Influenza. (7)	Measles. (8)	Scarlet Fever. (9)	Whooping Cough. (10)	Diphtheria. (11)	Typhoid Fever. (12)	Other Zymotics. (13)	Total. (14)	Diarrhœa. (15)	Phthisis. (16)	Respiratory Diseases. (17)	Developmental Diseases. (18)	Cancer. (19)	Total. (20)
1. St. Martin's	..	1	7	19	27	..	..	..	..	..	..	..	..	..	..	5	19	3	27
2. Newton	6	1	43	71	121	1	..	..	..	1	..	1	3	..	15	30	56	17	121
3. St. Margaret's	5	7	60	74	146	..	1	..	..	1	1	2	5	2	19	19	82	19	146
4. Wyggeston	19	9	67	110	205	1	2	..	1	1	..	2	7	2	18	28	126	24	205
5. Latimer	15	6	58	95	174	1	2	..	4	1	..	..	8	2	20	43	86	15	174
6. Charnwood	6	5	28	31	70	..	1	..	..	..	..	..	1	2	8	12	38	9	70
7. Wycliffe	7	4	39	92	142	2	..	..	..	..	..	1	3	1	8	17	102	11	142
8. De Montfort	8	..	24	43	75	..	..	..	..	1	..	..	1	2	6	14	44	8	75
9. The Castle	11	3	37	102	153	2	..	..	1	1	..	..	4	1	11	26	87	24	153
10. Westcotes	11	8	98	171	288	8	..	..	..	2	..	1	11	1	13	36	189	38	288
11. The Abbey	13	6	91	119	229	6	..	..	..	1	..	5	12	..	22	27	133	35	229
12. Belgrave	16	4	73	141	234	1	..	..	..	1	..	1	3	2	12	27	152	38	234
13. West Humberstone ..	24	5	81	134	244	2	3	..	..	..	..	2	7	3	26	28	140	40	244
14. Spinney Hill	11	7	91	178	287	1	1	1	..	5	..	1	9	3	17	43	175	40	287
15. Knighton	2	5	57	151	215	1	1	..	..	2	..	1	5	..	12	31	140	27	215
16. Aylestone	26	4	81	110	221	..	1	..	..	3	..	2	6	2	16	35	133	29	221
Infirmary	24	22	156	87	289	..	..	..	1	1	..	..	2	4	6	30	214	33	289
City General Hospital ..	30	14	226	289	559	..	2	..	2	2	..	11	17	6	58	80	313	85	559
City Mental Hospital ..	..	..	12	37	49	..	..	..	..	..	..	..	..	..	2	9	33	5	49
Isolation Hospital	6	8	60	2	76	..	4	1	..	16	1	5	27	..	38	5	6	..	76

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and (except in some cases in the Workhouse where the home address is unobtainable) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the City General Hospital, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 4.

(As required by Ministry of Health).

TUBERCULOSIS.

NOTIFICATIONS ON FORM A.

No. of Primary Notifications.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1	1	—	—	—
1—5	—	1	4	8
5—10	2	—	5	7
10—15	—	4	6	7
15—20	18	18	4	2
20—25	24	23	3	1
25—35	45	33	5	6
35—45	29	11	2	1
45—55	33	10	2	1
55—65	30	4	—	1
65 and upwards ..	8	4	2	2
Total Primary Notifications	190	108	33	36
Total Notifications on Form A.	204	114	36	38

The total number of fresh cases notified during 1934 on Forms A. and B., excluding cases previously notified, was :—

Pulmonary	331
Non-Pulmonary	72
Total	403

TABLE 4a.

TUBERCULOSIS CASES.

Supplemental Return.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1	1	—	—	—
1—5	1	—	3	—
5—10	1	1	1	1
10—15	3	—	—	1
15—20	—	1	1	—
20—25	3	5	—	—
25—35	4	7	1	1
35—45	2	5	1	—
45—55	3	3	—	—
55—65	4	2	—	1
65 and upwards ..	1	2	—	—
Total Cases ..	23	26	7	4

TABLE 5.

Showing Number of Deaths from Tubercular Diseases in Leicester in past years.

Year.		Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
		Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)		(2)	(3)	(4)	(5)	(6)	(7)
1903		266	123	111	51	377	175
1904		353	163	96	44	449	207
1905		288	132	87	40	375	171
1906		339	154	71	32	410	187
1907		275	124	99	44	374	169
1908		287	128	104	46	391	175
1909		290	129	82	36	372	166
1910		281	124	77	34	358	158
1911		288	126	66	28	354	155
1912		284	123	89	38	373	162
1913		301	130	82	35	383	165
1914		273	117	88	37	361	155
1915	War Years	325	143	76	33	401	177
1916		306	135	67	29	373	165
1917		343	157	78	35	421	193
1918		316	145	82	37	398	182
1919		264	111	62	26	326	138
1920		255	107	72	30	327	138
1921		278	116	73	30	351	147
1922		294	123	67	28	361	151
1923		285	119	36	15	321	135
1924		287	120	62	25	349	146
1925		305	127	59	24	364	152
1926		282	118	43	17	325	136
1927		283	118	63	26	346	144
1928		265	110	42	17	307	128
1929		266	110	53	21	319	132
1930		227	94	44	18	271	112
1931		262	108	49	20	311	129
1932		240	100	33	14	273	113
1933		269	111	32	14	301	125
1934		223	92	19	8	242	100

TABLE 6.

Age and Sex Distribution of Deaths from Phthisis in 1934.

Age Period.	Males.	Females.	Total.
0—1	1	..	1
2—4	1	2	3
5—9	..	2	2
10—14	..	..	..
15—19	5	9	14
20—24	15	21	36
25—34	33	17	50
35—44	24	9	33
45—54	29	15	44
55—64	23	6	29
65 and upwards ..	9	2	11
All ages ..	140	83	223

Occupations of Persons Dying from Phthisis in 1934.

	M.	F.		M.	F.
SHOE TRADE :					
Finishers	7	..	Army Pensioners ..	..	..
Clickers	5	..	Boxmakers	1	1
Rivetters	..	..	Porters	6	..
Pressmen	2	..	Licensed Victuallers ..	2	..
Machinists	6	3	Shop Assistants ..	7	..
Various	12	3	Warehousemen ..	2	..
			Various	34	7
Total in Shoes ..	32	6	Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	4	54
*Hosiery Trades.. ..	7	13			
Labourers	17	..			
Clerks	5	1			
Tailoring Trade ..	2	..			
Vanmen	11	..			
Soldiers	..	..	Grand Total ..	140	83
Engineers	7	..			
Painters	3	..			
Dressmakers	..	1			

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

TABLE 7.

Showing the number of Cases notified of the principal Notifiable Diseases for the Fourteen Years, 1921-1934.

DISEASE.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Smallpox	0	0	0	5	72	0	6	90	320	1192	1353	183	0	0
Scar et Fever	714	619	576	335	774	477	620	1971	517	423	404	463	432	1401
Diphtheria	324	168	142	429	350	366	309	461	253	198	115	76	338	463
Enteric Fever..	27	9	6	5	4	3	3	6	2	5	3	1	1	4
Erysipelas	84	101	87	96	126	110	132	141	158	99	108	90	150	182
Puerperal Fever	21	12	7	11	7	22	9	10	11	12	8	13	9	13
Puerperal Pyrexia	..	..	..	..	..	21	34	45	25	50	32	48	52	38
Phthisis	497	566	692	725	606	650	700	668	657	582	511	442	438	332
Other Forms of Tubercle	105	43	71	65	77	77	80	117	77	66	61	69	74	71
Ophthalmia	87	66	53	28	37	36	38	24	35	32	14	20	18	24
Cerebro-Spinal Fever	4	0	3	2	2	4	4	4	8	11	16	13	6	5
Poliomyelitis	2	1	1	12	..	81	8	8	4	3	..	2	4	1
Measles	Notification discontinued.)													
Encephalitis Lethargica	10	6	12	22	26	14	9	7	4	3	7	2	30	2
Pneumonia	138	177	209	247	239	143	236	239	364	202	216	236	47	259
Chickenpox	..	..	..	..	639	..	..	..	..	..	..	..	..	..
Totals	2013	1768	1859	1982	2959	2004	2188	3791	2435	2878	2848	1658	1869	2795

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years 1921-1934.

Disease.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Smallpox ..	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Measles ..	7	48	21	0	43	8	18	1	17	5	14	10	17	12
Scarlet Fever ..	1	7	2	4	10	5	3	4	2	2	0	2	1	1
Diphtheria ..	28	20	9	35	34	37	11	17	13	7	6	5	11	20
Whooping Cough ..	33	25	31	18	69	21	29	7	56	8	9	16	13	6
Enteric Fever ..	2	3	2	1	1	0	1	0	0	1	1	0	0	1
{Diarrhœa ..	30	16	38	62	57	40	22	50	27	33	40	28	34	21
{Enteritis ..	67	42	22	19	10	5	2	0	0	0	0	0	—	—
Erysipelas ..	5	1	2	8	10	9	5	0	0	0	3	4	9	8
Influenza ..	47	80	31	39	55	15	54	18	214	27	39	100	159	26
Puerperal Fever ..	6	5	3	3	7	11	2	7	3	8	2	5	5	8
Cerebro-Spinal Fever	3	3	0	0	3	5	2	0	4	4	9	7	2	2
Poliomyelitis ..	1	1	0	0	0	7	2	0	0	1	0	1	0	0
Encephalitis Lethargica	5	4	4	7	10	9	7	3	12	8	7	9	4	1
Pneumonia ..	207	224	210	218	245	168	208	187	284	206	238	244	229	225
Totals ..	442	479	375	409	554	340	366	294	632	311	369	431	484	331

N.B.—In calculating the Zymotic rate since 1923, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given in Tables 5 and 6.

TABLE 9.—Vital Statistics of whole District during 1934 and previous years. City of Leicester.

YEAR.	Population estimated to middle of each year, revised in light of 1921and 1931 Census.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Net.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Net Births.	Number.	Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,240	4729	4646	19.50	2675	11.22	181	544	408	87.8	3038	12.71
1923	238,580	4647	4593	19.25	2396	10.04	182	560	386	84.0	2774	11.63
1924	238,920	4466	4380	18.33	2511	10.50	218	638	346	77.4	2931	12.27
1925	239,260	4316	4197	17.54	2709	11.32	212	637	368	87.6	3134	13.10
1926	239,600	4268	4119	17.19	2542	10.60	214	649	319	77.4	2977	12.42
1927	239,940	4124	3965	16.53	2657	11.07	273	660	298	75.1	3044	12.69
1928	240,280	4216	3988	16.60	2395	9.96	268	621	282	70.7	2748	11.44
1929	240,620	4044	3747	15.57	2946	12.24	277	748	301	80.3	3417	14.20
1930	240,960	4171	3872	16.07	2345	9.73	204	603	216	55.7	2744	11.39
1931	241,300	3950	3684	15.28	2673	11.09	342	653	235	63.7	2984	12.38
1932	240,800	3846	3583	14.88	2686	11.15	349	685	251	70.0	3022	12.55
1933	241,500	3532	3242	13.42	2750	11.39	356	689	242	74.65	3082	12.77
1934	241,100	3749	3417	14.17	2478	10.28	335	688	180	52.68	2831	11.74

Number of inhabited houses, January, 1935 .. 66,620
Average number of persons per house, Census, 1931 3.79
Area of District in acres (exclusive of area covered by water) 8,582

NOTE.—This Table has been filled in, in accordance with the instructions given on the form supplied by the Ministry of Health.

TABLE 10.

LEICESTER BOROUGH.

Showing estimated Population, Marriage-rates, Birth-rates, and Death-rates (General and Zymotic) per 1000 living during the last 38 years, 1897-1934.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1897	197,600	16.7	31.6	17.9	1.9	206.0
1898	201,250	17.7	30.5	17.2	3.4	191.1
1899	204,900	17.5	30.6	18.1	3.4	196.0
1900	208,600	17.3	29.7	17.8	3.6	174.1
1901	212,498	17.1	29.0	15.7	2.3	178.0
1902	213,974	16.3	29.5	14.8	1.5	153.3
1903	215,461	16.5	27.9	14.2	1.4	161.3
1904	216,958	17.0	27.5	15.0	2.0	161.1
1905	218,464	17.2	26.9	14.0	1.6	146.5
1906	219,980	16.1	26.6	15.1	2.4	166.2
1907	221,508	16.6	24.9	13.4	.9	130.1
1908	223,046	16.0	25.4	13.9	1.6	129.7
1909	224,595	15.7	24.1	14.0	1.3	126.6
1910	226,154	17.1	23.7	12.4	.7	126.3
1911	227,634	16.6	22.9	13.4	1.4	130.0
1912	229,294	16.3	22.5	13.5	.9	109.0
1913	230,970	16.4	22.8	13.3	.7	119.3
1914	232,664	16.7	22.1	14.1	1.1	119.9
1915	232,664	24.1	20.8	14.9	.5	122.8
1916	225,907	18.3	20.7	13.6	.8	104.8
1917	217,537	16.6	16.9	13.5	.7	105.0
1918	217,537	18.6	14.9	17.8	.5	108.1
1919	236,059	21.3	15.3	13.0	.3	98.0
1920	236,874	23.5	24.9	12.1	.8	89.4
1921	237,900	20.0	21.4	12.0	.5	85.9
1922	238,240	19.4	19.5	12.7	.5	87.8
1923	238,580	18.3	19.2	11.6	.4	84.0
1924	238,920	17.7	18.3	12.3	.7	79.0
1925	239,260	17.9	17.5	13.1	1.3	87.6
1926	239,600	17.1	17.2	12.4	.7	77.4
1927	239,940	18.0	16.5	12.7	.5	75.1
1928	240,280	19.4	16.6	11.4	.2	70.7
1929	240,620	19.5	15.6	14.2	1.3	80.3
1930	240,960	18.3	16.1	11.4	.4	55.7
1931	241,300	18.1	15.3	12.4	.5	63.7
1932	240,800	17.6	14.9	12.5	.8	70.0
1933	241,500	17.7	13.4	12.8	1.0	74.6
1934	241,100	18.9	14.2	11.7	.4	52.7

The above figures have been revised in the light of the census figures of the different census years. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 11. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1934.

Net Deaths from stated Causes at various Ages under 1 year of Age.

CAUSE OF DEATH.	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	Total Deaths under 1 Year
All Causes Certified.	71	10	8	5	94	30	16	21	19	180
Smallpox	–	–	–	–	–	–	–	–	–	–
Chicken-pox	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	–	–	–
Spina bifida	2	–	–	–	2	1	1	–	–	4
Whooping-cough	–	–	–	–	–	1	1	–	2	4
Diphtheria and Croup ..	–	–	–	–	–	–	–	1	1	2
Erysipelas	–	–	–	–	–	2	–	–	–	2
Tuberculous Meningitis ..	–	–	–	–	–	–	–	–	–	–
Abdominal Tuberculosis ..	–	–	–	–	–	–	–	–	–	–
Other Tuberculous Diseases	–	–	–	–	–	–	–	1	–	1
Meningitis (*not Tuberculous*)	–	–	–	–	–	–	1	1	–	2
Convulsions	4	1	2	–	7	4	–	1	1	13
Laryngitis	–	–	–	–	–	–	–	–	–	–
Bronchitis	–	–	2	1	3	4	2	2	2	13
Pneumonia (all forms) ..	–	–	–	–	–	4	6	7	9	26
Diarrhœa	–	–	–	–	–	2	–	1	–	3
Enteritis	–	1	–	–	1	5	3	4	2	15
Colitis	–	–	–	–	–	–	–	–	–	–
Gastritis	–	–	–	–	–	–	–	–	–	–
Syphilis	–	–	–	–	–	–	–	–	–	–
Rickets	–	–	–	–	–	–	–	–	–	–
Suffocation (overlying) ..	–	–	–	–	–	2	–	–	–	2
Injury at Birth	1	–	–	–	1	–	–	–	–	1
Atelectasis	2	1	–	1	4	–	–	–	–	4
Congenital Malformations	1	–	–	–	1	–	–	–	–	1
Premature Birth	51	3	2	1	57	–	–	–	–	57
Atrophy, Debility and Marasmus	1	2	–	1	4	3	1	–	1	9
Other Causes	9	2	2	1	14	2	1	3	1	21

Net Births in the Year { legitimate, 3,239.
illegitimate, 178.

Net Deaths in the Year of { legitimate infants, 173.
illegitimate infants, 7.

TABLE 12.

VENEREAL DISEASE.

Statement showing the services rendered at the Treatment Centre during the year 1934, classified according to the areas in which the patients resided. (Males and Females.)

(RETURN MADE BY THE LEICESTER ROYAL INFIRMARY.)

	City.		County.		Total.	
	Males	Females	Males	Females	Males	Females
Number of cases from each area dealt with during the year *for the first time* and found to be suffering from :—						
Syphilis	70	54	47	32	117	86
Gonorrhœa	217	133	67	47	284	180
Conditions other than Venereal	218	106	85	32	303	138
Total	505	293	199	111	704	404
Number of Renewed Attendances	15,917	8,830	3,037	2,916	18,954	11,746
,, ,, In-Patients admitted	36	66	23	48	59	114
,, ,, Injections given	4,507		2,665		7,172	
,, ,, Pathological Examinations	6,447		2,275		8,722	
,, ,, Irrigations	—		—		12,784	

TABLE 13.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW PATIENTS ATTENDING FOR THE FIRST TIME. (City Cases only.)

Year.	Males.			Females.		
	Syph.	Gon.	Not. V.D.	Syph.	Gon.	Not V.D.
1922	144	172	18	147	25	9
1923	105	184	23	113	50	28
1924	79	146	41	99	90	41
1925	66	202	50	72	84	42
1926	81	265	44	70	115	38
1927	70	275	90	75	102	79
1928	71	246	117	104	136	60
1929	125	266	106	80	126	42
1930	134	232	117	83	129	67
1931	78	175	151	69	86	90
1932	80	204	201	73	94	115
1933	59	181	160	59	100	79
1934	70	217	218	54	133	32

The above figures were revised by the Royal Infirmary, May 29th, 1935.

TABLE 14.

CANCER STATISTICS, 1903-34.

Year.	Total Cancer Deaths.	Cancer Deaths—per cent. of Total Deaths.	Cancer Death-rate per 100,000 Population.
1903	192	6.2	89
1904	213	6.5	98
1905	180	5.8	82
1906	168	5.0	76
1907	199	6.6	89
1908	214	6.8	95
1909	195	6.1	86
1910	200	7.1	88
1911	236	7.7	103
1912	226	7.2	98
1913	252	8.1	109
1914	269	8.1	115
1915	219	6.4	94
1916	228	7.3	100
1917	255	8.6	117
1918	309	7.9*	132
1919	249	8.0	108
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156

*In 1918 the total deaths from all causes were very high so that the per cent. figure was proportionately lower.

TABLE 15. DEATHS FROM CANCER, 1934.

Classified according to Age, Sex and Organ Affected.

Organ Affected.	Under 40 years.		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	–	–	–	–	1	–	1	–
Tongue	–	–	1	–	6	–	7	–
Jaw	–	–	1	–	–	1	1	1
Mouth	–	–	1	1	2	1	3	2
Larynx	–	–	–	–	5	1	5	1
Oesophagus ..	1	–	–	2	7	1	8	3
Stomach	1	2	10	11	20	18	31	31
Intestines	–	–	2	1	2	8	4	9
Colon	–	1	2	4	17	21	19	26
Rectum	–	1	4	2	22	14	26	17
Liver	1	–	6	5	10	12	17	17
Pancreas	–	–	1	1	6	2	7	3
Spleen	–	–	–	–	–	–	–	–
Lungs	–	1	2	4	2	4	4	9
Kidney	–	–	–	1	1	–	1	1
Bladder	–	–	2	–	8	4	10	4
Prostate	–	–	–	–	5	–	5	–
Testicle	–	–	–	–	–	–	–	–
Ovary	–	1	–	2	–	2	–	5
Uterus	–	3	–	8	–	11	–	22
Breast	–	4	–	20	–	17	–	41
Bones	–	1	1	–	–	2	1	3
Other Forms or not specified	2	–	6	3	7	14	15	17
Total	5	14	39	65	121	133	165	212

TABLE 16.

MIDWIVES NOTIFYING INTENTION TO PRACTISE IN LEICESTER DURING THE YEAR 1934.

Reg. No.	Name.	Address.
32386	Adcock, Hannah	56, Clarendon Park Road.
84965	Arnold, Nora	58, Fosse Road Central.
42983	Bamber, Mabel E.	12, Portman Street.
82087	Barton, Hilda May	Stoneygate Nursing Home, Stoneygate Road.
88878	Beard, Bessie	26, Wigston Lane, Aylestone.
87311	Beedham, Elizabeth	Maternity Hospital, Causeway Lane.
88888	Berry, Elizabeth A.	58, Fosse Road Central.
2760	Blyth, Eliza	13, Fairfield Street.
55200	Bradshaw, Edith	Maternity Home, Westcotes Drive.
84355	Brooks, Doris Irene	22, Gwencole Crescent.
66156	Brown, Mary Elizabeth	Fosse Road Nursing Home, Fosse Road North.
85815	Bucknell, Doris Muriel	Maternity Hospital, Causeway Lane.
82884	Bullock, Ethel A.	Stoneygate Nursing Home, Stoneygate Road.
57274	Camacho, Marie Stella	649, Aylestone Road.
73803	Carr, Beatrice Ellen	106, Kedleston Road.
75031	Carr, E. Scott	56, Clarendon Park Road.
67186	Carroll, Elizabeth	" Broadview," Goodwood Road.
31591	Chandler, Sarah K. T.	16, Lincoln Street.
72390	Copson, Rose Lilian	517, Saffron Lane.
26697	Davies, Amelia M.	39, Scraptoft Lane.
55761	Davis, Gertrude E.	58, Loughborough Road.
36754	Dawkins, Jemima	58, Fosse Road Central.
80786	Dennis, Ethel	375, Humberstone Road.
89751	Dixon, E. E.	Sundial Nursing Home, Aylestone Rd.
90575	Docherty, Annie	Maternity Hospital, Causeway Lane.
66243	Dodson, Sarah E.	35, Windley Road.
71229	Earl, Ivy Bell	7, Nook Street.
50887	East, Florrie	11, New Bridge Street.
68879	Eden, Lily	5, Thoresby Street.
83685	Elliott, Marion Frances	85, Narborough Road.
43711	Else, Charlotte	Maternity Hospital, Causeway Lane.
67246	Eyre, Blanche G.	14, Lincoln Street.
77108	Fearn, Edna D.	13, Perseverance Road, Birstall.
30974	Gawthorne, Fanny	45, Aylestone Road.
73282	Germain, Ivy Rita	Maternity Home, Westcotes Drive.
66815	Goodall, Olive	Sundial Nursing Home, Aylestone Rd.
15683	Gray, Jean	Maternity Hospital, Causeway Lane.
82304	Green, Doris B.	35, Windley Road.
85977	Hague, Maud	56, Clarendon Park Road.
87976	Hanhoe, Mary	56, Clarendon Park Road.
60388	Harding, Laura	2, Lorne Road.
88336	Harris, Susan	58, Fosse Road Central.
75166	Haynes, Nellie E.	19, The Newarke.
59161	Headley, G. C.	16, Dane Street.
26452	Heggs, Mary Louisa	Maternity Hospital, Causeway Lane.
37583	Hicks, Louisa S. A.	58, Bassett Street.
55864	Holyoak, Elsie E.	187, Sheridan Street.
71043	Hopkins, Margaret Lucy	39, Hallam Crescent East.
27110	Hosking, C. A.	50, London Road, Coalville.

TABLE 16—continued.

Reg. No.	Name.	Address.
85708	Howard, Margaret Alice	52, Kerrysdale Avenue.
5223	Howsam, M.	90, Sylvan Street.
74592	Hull, Doris E.	Maternity Home, Westcotes Drive.
25486	Hunt, Annie Amelia	182, St. Saviour's Road.
70351	Hurd, Hilda Mary	34, Diseworth Street.
41739	Ingham, Adelaide	58, Loughborough Road.
66160	Japlin, Annie	Jesmond Dene, Narborough Road.
83156	Jordan, Beatrice Helen	52, Lorne Road.
80631	Kilty, Annie	Sundial Nursing Home, Aylestone Rd.
86863	King, Helen	Maternity Hospital, Causeway Lane.
73398	Kingswell, Doris E.	Maternity Home, Westcotes Drive.
77418	Kirk, Veronica	75, Aylestone Road.
11389	Laughton, Annie	236, Clarendon Park Road.
90765	Laws, Jenny	Maternity Hospital, Causeway Lane.
51258	Ledger, Sarah E. M.	205, Birstall Street.
90796	MacLean, Agnes M.	Maternity Hospital, Causeway Lane.
86928	Mahon, Sara A.	Maternity Hospital, Causeway Lane.
76493	Mansfield, Edna	380, Fosse Road South.
90810	Marshall, Edna M.	Maternity Hospital, Causeway Lane.
49841	McCaull, Jean	85, Narborough Road.
58762	McManus, Kathleen	58, Fosse Road Central.
30688	Noon, Lucy A.	68, Uppingham Road.
87727	O'Flaherty	58, Fosse Road Central.
67428	Pateman, Clara	20, Warwick Street.
43317	Payne, Lilian Emily	7, Gipsy Road.
36784	Pilsworth, Maria	54, Blackbird Road.
49911	Potter, Frances A.	85, Narborough Road.
24652	Reeve, Clara	22, Vicarage Lane.
77256	Rimmington, May	"Kensington," Catherine Street Ext.
69226	Ritchie, Ethel A. R.	Sundial Nursing Home, Aylestone Rd.
74783	Roberts, Dorothy C. F.	44, West Street.
67995	Shelbourn, Esther W.	68, Uppingham Road.
80504	Shercliff, Gwendolen Ivy	75, Hopefield Road.
28446	Simister, Edith A. K.	36, Wood Hill.
69730	Smith, Edith E.	9, Laurel Road.
79163	Smith, Emily	69, Henley Road.
49218	Smith, Gertie	141, Catherine Street.
75428	Smith, Lillie C. M.	Maternity Hospital, Causeway Lane.
55034	Smith, Mary A.	32, Narborough Road.
58618	Starmer, E.	Osterley, Glenfield Rd. Extension.
76097	Tite, Winifred Anne	Maternity Home, Westcotes Drive.
33774	Wakeling, Ada	27, Melton Road.
85632	Walker, Joyce	56, Clarendon Park Road.
91021	Warden, Helen May	Maternity Hospital, Causeway Lane.
39491	West, Alice Rose	84, Regent Road.
54561	Whinnett, Anne M.	40, Mill Hill.
82026	Wilson, Grace M.	5, Thoresby Street.
82040	Young, Violet	Sundial Nursing Home, Aylestone Rd.

NOTE.—Many of the above named are doing very little practice. There are very few who are fully engaged. Some attended no cases during the year.

TABLE 17.

MUNICIPAL MATERNITY HOME, WESTCOTES DRIVE.

Return relating to Maternity Homes maintained or subsidised by the Council, as required by the Ministry of Health, for Year 1934.

Form M.C.W. 96*a*.

1. Name and Address of Institution :—
   Municipal Maternity Home, Westcotes Drive, Leicester.

2. Number of beds in the Institution 25

3. Number of cases admitted during the year 450

4. Average duration of stay .. .. 13.5 days

5. Number of cases delivered by—
   (a) Midwives 279
   (b) Doctors 131

6. Number of cases in which medical assistance was sought by a midwife 137

7. Number of cases notified as—
   (a) Puerperal fever .. .. —
   (b) Puerperal pyrexia 6

8. Number of cases of pemphigus neonatorum .. .. —

9. Number of infants not entirely breast-fed while in the Institution .. 7

10. (a) Number of cases notified as ophthalmia neonatorum 2
    (b) Result of treatment in each case. Improved on discharge. Under care of own doctor.

11. (a) Number of maternal deaths .. .. none
    (b) Cause of death in each case.

12. (a) Number of fœtal deaths—
    (i) Stillborn 12
    (ii) Within 10 days of birth 4

    (b) Cause of death in each case and results of post-mortem examination (if obtainable)—
    Prematurity 2
    Infantile convulsions. Cerebral Irritation 1
    Hydrocephalus and Spina Bifida 1

TABLE 18.

City of Leicester.

ISOLATION HOSPITAL AND SANATORIUM.

Income and Expenditure for the two years ended
31st March, 1935.

EXPENDITURE.	Year 1933-34.	Year 1934-35.
	£	£
Salaries and Wages (*see also below*)	9760	10939
Superannuation : Corporation's Contributions and Additional Allowances	448	552
National and Workmen's Compensation Insurance	275	259
Provisions	6972	8161
Drugs, Medical Appliances, &c.	1462	2435
Orthopaedic Treatment	372	503
Fuel, Light, Water and Power	3914	3881
Furniture, Bedding and Linen	713	1018
Crockery and Hardware	93	185
Uniforms and Dresses	175	166
Cleaning Materials	224	205
Laundry (including Wages)	519	563
Structural Renewals, Repairs and Painting (including Wages)	2856	2431
Water Mains and Fire Appliances	—	608
Grounds, &c. (including Wages)	1327	1323
Transport (including Wages)	603	897
Printing, Stationery, Postage and Telephone ..	227	229
Rates and Insurance	1065	1163
Miscellaneous	95	131
Sanatorium School—Salaries, &c.	371	534
Occupational Treatment—Wages, Materials, &c. ..	435	538
X-ray and Light Treatment Supplies	474	378
Loan Charges :—		
Interest	1192	1100
Repayment of Debt	1742	1791
Total Expenditure	£35,314	£39,990
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscellaneous Income	1774	1960
Net Expenditure for Maintenance	£33,540	£38,030
Net Expenditure per Patient Day	7s. 1d.	7s. 0d.
Income for Maintenance of Patients (including Contributions by Patients and Relatives in respect of "Home Place" Sanatorium	874	887
Net Cost (including Loan Charges)	£32,666	£37,143
Number of Patient Days	94,181	108,173

ALFRED RILEY,
City Treasurer.

21st June, 1935.

TABLE 19.

City of Leicester.

CITY GENERAL HOSPITAL.

Income and Expenditure for the two years ended 31st March, 1935.

EXPENDITURE.	Year 1933-34	Year 1934-35
Salaries and Wages :—	£	£
Medical Staff	2330	2520
Nursing Staff	6358	6622
Other Staff	7334	7668
Corporation's Contributions to Superannuation Fund under Act of 1922	466	473
Superannuation Allowances under Act of 1896	360	436
National Insurance	393	375
Provisions :—		
Staff	3557	3796
Patients	6415	7656
Clothing :—		
Staff	177	174
Patients	181	270
Drugs and Medical Appliances	2829	3719
Fuel, Light and Water	3955	3918
Laundry :—Wages and Materials	1287	1318
Furniture and Fixtures	779	737
Hardware and Crockery	305	369
Bedding and Linen	401	565
Cleaning Materials	309	307
Disinfectants	38	61
Education and Training Sundries	78	104
Buildings, Plant and Machinery :—		
Additions and Alterations	1084	1791
Renewals and Repairs	3192	3707
Painting and Decorating	528	915
Maintenance of Grounds	881	922
Removal of Patients	327	374
Travelling Expenses and other Transport	337	363
Printing and Stationery	268	379
Telephone	107	98
Sundries	210	263
Rates, Disposal of Sewage and Income Tax	2167	2337
Insurance : Fire, &c.	105	104
Farm and Garden	341	208
Loan Charges :—		
Interest	1013	1020
Repayment of Debt	3357	1969
Orthopaedic School :—		
Salaries	214	575
Books, etc.	17	46
Total Expenditure	51700	56159
Less Miscellaneous Income	216	190
Net Expenditure for Maintenance	£51484	£55969
	s. d.	s. d.
Net Expenditure per Patient Day	7 3	7 4

INCOME.		
Income for Maintenance :—	£	£
Mental Deficiency Committee	251	179
Education Committee	839	138
Other Local Authorities	3213	3364
Relatives, Patients (Ministry of Pensions for Treatment of Ex-Servicemen) and Saturday Hospital Fund.	2745	2857
	£7048	£6538
Net Cost (including Loan Charges)	£44436	£49431
Number of Patient Days	142,219	153,242

21st June, 1935.

ALFRED RILEY,
City Treasurer.

TABLE 20.

City of Leicester.

MATERNITY HOME, WESTCOTES DRIVE.

Income and Expenditure for the Two Years ended 31st March, 1935.

EXPENDITURE.	Year 1933-34.	Year 1934-35.
	£	£
Salaries including Medical Fees (*see also below*) ..	878	893
Superannuation : Corporation's Contributions ..	60	53
Insurance (National, Workmen's Compensation and Guarantee)	21	19
Uniforms and Dresses	49	44
Provisions	841	961
Drugs and Medical Requisites	162	200
Fuel, Light and Water	493	539
Laundry (Wages and Materials)	250	258
Furniture	32	17
Bedding and Linen	53	72
Crockery and Hardware	26	13
Cleaning Materials	30	37
Lecture Fees, &c.	101	151
Repairs, Painting, &c.	208	15
Garden and Grounds	206	176
Rates	236	213
Insurance (Fire, etc.)	24	21
Printing, Stationery, Telephone and Sundries ..	96	83
Loan Charges :—		
Interest	345	314
Repayment of Debt	605	623
Total Expenditure	£4716	£4702
INCOME.		
Maternity Fees	2130	2137
Medical Fees	164	156
Training Fees	135	298
Contribution by Ministry of Health in aid of Training of Midwives	190	95
Rent of Garages, &c.	150	154
Produce supplied by Garden to Institution ..	39	39
Total Income	£2808	£2879
Net Cost (including Loan Charges)	£1908	£1823

ALFRED RILEY,
City Treasurer.

21st June, 1935.

TABLE 21.

City of Leicester.

DAY NURSERY.

Income and Expenditure for the Two Years ended 31st March, 1935.

EXPENDITURE.	Year 1933-34.	Year 1934-35.
	£	£
Salaries	691	651
Superannuation : Corporation's Contributions	31	31
Insurance	24	23
Rent and Rates	352	348
Furniture and Equipment	214	46
Repairs, Painting, &c.	79	76
Fuel, Light, Water and Cleaning	207	238
Provisions	540	520
Drugs and Medical Requisites	3	5
Laundry	95	165
Uniforms and Clothing	79	73
Printing, Stationery, Postage and Telephone	9	9
Lecture Fees	21	21
Sundries	18	15
	£2363	£2221
INCOME.		
Maintenance Charges	785	706
Contribution from Education Committee in respect of Mothercraft :—		
Tuition	150	150
Meals for School Girls	41	37
Meals for Mothers	27	12
Sale of Old Furniture	4	—
	£1007	£905
Net Cost	£1356	£1316

ALFRED RILEY,
City Treasurer.

21st June, 1935.

TABLE 22.

City of Leicester.

INFANTS' MILK DEPOT.

Income and Expenditure for the Two Years ended 31st March, 1935.

EXPENDITURE.	Year 1933-34.	Year 1934-35.
	£	£
Salaries and Wages	521	486
Superannuation : Corporation's Contributions	24	19
Purchase of Milk, &c.	1328	1441
Medical Requisites, &c.	38	32
Rent, Rates and Insurance	143	158
Fuel, Light and Water	47	48
Telephone	9	8
Printing, Stationery and Sundries	27	32
Total Expenditure	£2137	£2224
INCOME.		
Sale of Milk, Virol, &c.	1615	1792
Maternity and Child Welfare Account :—		
Proportion of Salary of Manageress	150	150
Proportion of Rent	50	50
Total Income	£1815	£1992
Net Deficiency	£322	£232

ALFRED RILEY,
City Treasurer.

21st June, 1935.

TABLE 23.

City of Leicester.

HOME PLACE SANATORIUM, HOLT.

Income and Expenditure for the Two Years ended 31st March, 1935.

EXPENDITURE.	Year 1933-34.	Year 1934-35.
	£	£
Salaries and Wages (*see also below*), &c.	673	728
Superannuation : Corporation's Contributions	17	19
Insurance (National and Workmen's Compensation)	24	23
Rates and Land Tax	83	87
Heat, Light and Water	186	336
Provisions	865	887
Medical Requisites	10	9
Laundry	28	27
Buildings, &c.—Repairs and Painting	89	198
Upkeep of Grounds, &c. (including Wages)	441	494
Travelling Expenses and Transport	346	122
Furniture and Bedding	5	124
Pigs and Poultry	65	104
Insurance	14	6
Miscellaneous	124	103
Total Expenditure	£2970	£3267
INCOME.		
Sale of Pigs, Turkeys, &c.	27	54
Garden Produce, &c., supplied to Institutions	136	134
Sundries	..	6
Ministry of Pensions for Treatment of Tuberculous Ex-Service Men	42	32
Note : Contributions from Patients credited to Isolation Hospital and Sanatorium		
Total Income	£205	£226
Net Cost	£2765	£3041

ALFRED RILEY,
City Treasurer.

21st June, 1935.

TABLE 24.

Monthly Rainfall and mean Temperature during 1934, as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.	Rainfall in inches.	Mean Temperature Fahr.
January	1.77	37.2
February	0.54	36.2
March	1.86	37.9
April	3.84	43.4
May	0.90	51.3
June	0.73	58.3
July	0.65	66.2
August	2.02	60.7
September	1.61	58.8
October	1.29	51.3
November	2.03	41.7
December	3.93	45.5

Total rainfall and number of days on which rain fell (.01 inches or more)

	Inches of rain.	No. of days on which rain fell
1934	21.1	191
1933	21.1	161
1932	26.9	168
1931	26.8	177
1930	31.4	200
1929	25.5	260
1928	26.4	210
1927	32.6	210
1926	26.8	186
1925	23.1	175
1924	28.5	198
1923	25.0	201
1922	29.2	187
1921	19.0	136
1920	25.1	192

TABLE 25.

Showing Births, Vaccinations and Smallpox in Leicester, 1838-1934.

Year (1)	Births (2)	Vaccinations Regist'd Public and Pvt. (3)	Small-pox Deaths (4)	Small-pox Cases (5)	Year (6)	Births (7)	Vaccinations Regist'd Public and Pvt. (8)	Exemptions Granted (9)	Small-pox Deaths (10)	Small-pox Cases (11)
1838	1815	Not known	11	..	1887	4695	471	..	..	10
1839	2024	..	50	..	1888	4814	314	..	..	22
1840	1967	..	56	..	1889	4796	172	..	..	..
1841	1972	..	31	..	1890	4699	131	..	..	..
1842	1942	..	..	..	1891	4790	92	..	..	..
1843	2035	..	..	..	1892	5816	133	..	6	38
1844	2087	..	9	..	1893	6006	249	..	15	320
1845	2197	..	164	..	1894	5995	133	..	..	8
1846	2213	..	12	..	1895	5962	75	..	..	4
1847	2005	..	1	..	1896	6212	86	..	..	..
1848	2003	..	31	..	1897	6252	81	..	..	..
1849	2171	1613	66	..	1898	6152	92	..	..	..
1850	2239	1240	5	..	1899	6273	156	167	..	..
1851	2437	1292	2	..	1900	6207	343	598	..	..
1852	2387	1637	52	..	1901	6169	357	500	..	4
1853	2283	1843	11	..	1902	6313	1237	1500	5	18
1854	2467	2275	..	..	1903	6018	2487	1029	21	406
1855	2301	1771	..	..	1904	5981	1232	1044	4	307
1856	2402	1771	1	..	1905	5888	987	1112		5
1857	2441	1880	17	..	1906	5865	1073	1080	..	1
1858	2276	2026	53	..	1907	5534	1093	1256	..	..
1859	2518	1447	3	..	1908	5680	659	2401	..	..
1860	2567	1766	2	..	1909	5431	660	2367	..	..
1861	2540	1614	1	..	1910	5380	564	2335	..	..
1862	2723	1388	..	..	1911	5222	475	2964	..	..
1863	2937	1608	5	..	1912	5182	447	3173	..	..
1864	3114	1916	104	..	1913	5278	436	3391	..	1
1865	3226	1183	10	..	1914	5144	293	3438	..	..
1866	3412	1641	3	..	1915	4851	192	3812	..	..
1867	3496	1544	2	..	1916	4684	222	3931	..	..
1868	3588	3379	1	..	1917	3688	193	3287	..	..
1869	3760	3560	..	..	1918	3246	146	2724	..	..
1870	3799	3103	..	..	1919	3774	154	2954	..	..
1871	3982	3230	12	Not k'wn	1920	5905	201	5364	..	..
1872	4162	4456	346	,,	1921	5097	234	4662	..	..
1873	4447	3692	2	,,	1922	4646	173	4286	..	..
1874	4374	3764	..	,,	1923	4593	284	4109	..	..
1875	4270	3527	1	1	1924	4380	260	4062	..	5
1876	4781	3426	..	..	1925	4197	283	3908	..	72
1877	4753	3653	6	12	1926	4119	234	3710	..	..
1878	4779	3372	1	8	1927	3965	172	3684	..	7
1879	4697	3146	..	..	1928	3988	192	3712	..	90
1880	4860	2886	..	1	1929	3747	192	3517	..	320
1881	4712	3417	2	6	1930	3872	186	3825	1	1192
1882	4857	3106	5	29	1931	3684	165	3595	1	1353
1883	4825	1958	3	12	1932	3583	118	3496	..	183
1884	4851	1763	..	6	1933	3242	103	3203	..	..
1885	4683	1842	..	8	1934	3417	98	3438	..	..
1886	4863	1122	..	1						

The figures in this table prior to the year 1890 are taken from the Fourth Report of the Royal Commission on Vaccination, App. 3, Tables 5, 6 and 51.

In 1863-64, owing to the Smallpox epidemic which prevailed, there were 4,320 additional public vaccinations performed by the Medical Officers to the Guardians. These were chiefly vaccinations of children omitted in previous years. They are not included in the figures for the two years in question.

TABLE 26.

VITAL STATISTICS OF TWENTY-ONE LARGE TOWNS AND LEICESTER, 1934.

TOWN.	Birth Rate.	General Death Rate.	Infantile Mortality Rate.	Tuberculosis (All Forms) Death Rate.	Attack Rate per 1,000 Population.		Attack Rate per 1,000 Births (Live and Still) Puerperal Fever.
					Scarlet Fever.	Diphtheria.	
Birmingham	15.3	11.0	68	0.8	3.2	1.0	6.9
Bradford	13.7	13.5	62	0.8	5.4	2.9	4.0
Bristol	13.9	10.9	46	0.9	2.5	1.8	0.8
Cardiff..	15.8	12.3	74	1.1	4.1	2.3	15.7
Durham (County) ..	17.8	11.9	78	0.9	8.6	2.4	2.4
Gateshead	18.4	13.4	87	1.4	9.5	0.5	2.5
Hull	18.3	12.5	64	1.0	2.4	3.4	2.2
Leeds	14.8	12.9	71	0.9	5.6	4.6	7.1
Liverpool	20.3	13.1	81	1.1	4.1	3.4	2.3
London (County) ..	13.4	12.2	67	0.9	4.3	2.8	4.3
Manchester	14.8	12.2	69	1.1	2.7	1.1	8.9
Middlesbrough ..	19.7	13.2	79	1.2	6.9	2.7	9.0
Newcastle-on-Tyne ..	16.4	12.7	83	1.1	6.0	1.4	3.3
Northumberland Co.	15.5	11.8	69	0.8	8.1	1.2	1.5
Nottingham	15.6	12.3	69	0.9	2.4	0.8	3.1
Portsmouth	15.9	12.4	44	1.0	5.4	1.4	4.2
Salford	14.7	13.6	93	1.1	2.6	5.8	6.3
South Shields.. ..	17.9	13.2	83	1.7	4.4	0.4	2.9
Stoke-on-Trent ..	16.7	11.7	85	1.0	5.7	1.4	4.1
Sunderland	20.1	12.5	82	1.1	6.5	0.8	2.8
Tynemouth	17.7	12.7	77	0.9	6.0	0.9	2.6
Average	16.5	12.5	73	1.0	5.1	2.0	4.6
Leicester	14.2	11.7	53	1.0	5.8	1.9	2.2
England and Wales ..	14.8	11.8	59	—	3.8	1.7	4.0
121 Large Towns (including London) ..	14.7	11.8	63	—	—	—	—

TABLE 27.

HOUSING STATISTICS

For year ended 31st December, 1934.

GENERAL STATISTICS.

Area (acres)	8,582
Population (Estimated) Mid-Year, 1934	241,100
Number of structurally separate dwellings occupied (Census 1931)	60,719
Number of families or separate occupiers (Census 1931)	63,944
Rateable Value, 1934-35	£1,704,344
Sum represented by a penny rate (for 1933-34) (net)	£6,494

HOUSING.

Number of new houses erected during the year :—	
(a) Total	1,575
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority	82
(ii) By other bodies or persons	none

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1[illegible]785
(b) Number of inspections made for the purpose	18,550
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,446
(b) Number of inspections made for the purpose	7,129
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	646
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1,029

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,358

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 17, 18 *and* 23 *of the Housing Act,* 1930 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	13
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	2
(b) By Local Authority in default of owners ..	3

B—*Proceedings under Public Health Acts* :	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	2,318
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	41
(b) By Local Authority in default of owners ..	none
C—*Proceedings under Sections* 19 *and* 21 *of the Housing Act*, 1930 :	
(1) Number of dwelling houses in respect of which Demolition Orders were made	16
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	31
D—*Proceedings under Section* 20 *of the Housing Act*, 1930 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..	Nil

TABLE 28.

MEASLES AND WHOOPING COUGH DEATHS AND MORTALITY per 1,000 BIRTHS.

Quinquennial Period.	Births.	Measles Deaths.	Mortality per 1,000 Births.	Whooping Cough Deaths.	Mortality per 1,000 Births.
1902-6 ..	30,065	312	10.3	354	11.1
1907-11 ..	27,247	420	15.4	191	7.0
1912-16 ..	25,139	437	17.3	190	7.5
1917-21 ..	21,710	248	11.4	134	6.1
1922-26 ..	21,935	120	5.5	164	7.4
1927-31 ..	19,256	55	2.8	109	5.6
1932-34 .. (3 years)	10,242	39	3.8	35	3.4

TABLE 29.

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES.)

Address.	No. of Beds.
9 Mere Road	1
13 Beckingham Road	5
Central Nursing Home, 33 Severn Street	6
40 Farnham Street	2
56 Clarendon Park Road	12
66 Uppingham Road	4
2 Melbourne Street	2
"Coneston," Thoresby Street	2
38 Cromford Street	1
Maternity Hospital, Causeway Lane	26
58 Loughborough Road	6
348 Aylestone Road	11
Sundial Nursing Home, Aylestone Road	12
22 Vicarage Lane	3
337 Fosse Road North	11
85 Narborough Road	11
306 Aylestone Road	2
58 Fosse Road Central	3
3 Danes Hill Road	10
Stoneygate Nursing Home, Stoneygate Road	6
Southfields Nursing Home, 84 Regent Road	4

TABLE 30.

Deaths during 1934 of Persons belonging to City of Leicester as classified by the Medical Officer of Health according to Disease, Sex and Age-period.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	1450	99	17	22	33	50	162	436	342	289
	F	1381	81	19	17	32	52	125	307	337	411
1. Enteric fever ..	M	1	–	–	–	–	–	–	1	–	–
	F	–	–	–	–	–	–	–	–	–	–
2. Smallpox ..	M	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–
3. Measles	M	6	–	1	4	1	–	–	–	–	–
	F	6	–	3	3	–	–	–	–	–	–
4. Scarlet fever ..	M	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	1	–	–
5. Whooping cough	M	3	3	–	–	–	–	–	–	–	–
	F	3	1	2	–	–	–	–	–	–	–
6. Diphtheria ..	M	9	–	2	1	5	1	–	–	–	–
	F	11	2	2	1	5	–	1	–	–	–
7. Influenza ..	M	12	1	–	–	1	–	1	2	6	1
	F	14	1	–	–	1	–	3	3	2	4
8. Encephalitis	M	–	–	–	–	–	–	–	–	–	–
lethargica ..	F	1	–	–	–	–	–	–	1	–	–
9. Meningococcal	M	14	1	2	2	[illegible]	1	4	2	–	–
meningitis ..	F	5	1	–	–	2	1	1	–	–	–
10. Tuberculosis of	M	140	1	1	–	–	20	57	52	8	1
respiratory system	F	83	–	1	1	2	30	26	21	2	–
11. Other tuberculous	M	12	–	–	3	2	2	3	2	–	–
diseases	F	17	–	–	1	3	–	1	1	1	–
12. Cancer, malignant	M	173	–	–	1	–	1	7	61	67	36
disease	F	218	–	–	–	–	1	22	84	63	48
13. Rheumatic fever	M	1	–	–	–	1	–	–	–	–	–
	F	1	–	–	–	–	–	1	–	–	–
14. Diabetes	M	10	–	–	–	–	–	2	5	1	2
	F	15	–	–	–	–	–	–	5	5	5
15. Cerebral hæmor-rhage, &c. ..	M	94	–	–	–	–	1	–	33	33	27
	F	150	–	–	–	–	1	2	34	56	57
16. Heart disease ..	M	220	–	–	–	5	6	12	78	72	47
	F	197	1	–	–	5	3	14	39	65	70
17. Arterio-sclerosis ..	M	22	–	–	–	–	–	–	4	7	11
	F	21	–	–	–	–	–	–	4	7	10

TABLE 30—continued.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
18. Bronchitis . .	M	86	9	–	–	1	–	1	23	27	25
	F	97	4	–	–	1	–	–	19	30	43
19. Pneumonia (all forms)	M	126	13	8	6	4	4	15	39	24	13
	F	96	13	7	4	2	–	11	19	17	23
20. Other respiratory diseases	M	12	1	–	–	–	–	2	7	2	–
	F	4	–	–	–	–	–	–	2	1	1
21. Ulcer of stomach or duodenum . .	M	17	–	–	–	–	1	2	11	3	–
	F	3	–	–	–	–	–	1	1	1	–
22. Diarrhoea, &c. . .	M	14	11	1	–	1	–	–	–	–	1
	F	12	7	2	1	–	–	1	1	–	–
23. Appendicitis and typhlitis	M	13	–	–	1	1	2	1	5	1	2
	F	5	–	–	1	–	–	2	–	2	–
24. Cirrhosis of liver	M	13	–	1	–	–	–	1	7	3	1
	F	5	–	–	–	–	–	–	4	–	1
25. Acute and chronic nephritis . .	M	49	–	–	1	–	2	8	12	15	11
	F	55	–	–	–	–	3	3	19	17	13
26. Puerperal sepsis . .	F	8	–	–	–	–	2	6	–	–	–
27. Other accidents & diseases of pregnancy and parturition	F	9	–	–	–	–	2	6	1	–	–
28. Congenital debility and malformation, premature birth	M	49	49	–	–	–	–	–	–	–	–
	F	39	39	–	–	–	–	–	–	–	–
29. Suicide	M	27	–	–	–	–	–	8	15	3	1
	F	18	–	–	–	–	3	3	9	3	–
30. Other deaths from violence	M	50	–	–	–	5	4	13	14	7	7
	F	36	2	–	4	2	1	3	2	6	16
31. Other diseases . .	M	277	10	1	3	4	5	25	63	63	103
	F	261	10	2	1	9	5	18	37	59	120

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